

Case Number:	CM15-0054923		
Date Assigned:	03/30/2015	Date of Injury:	09/15/2010
Decision Date:	05/15/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/23/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 64-year-old male who reported injury on 09/15/2010. The mechanism of injury was not provided. There was a Request for Authorization submitted for review for the requested treatment. The documentation of 01/08/2015 revealed the injured worker had fourth and fifth finger stiffness and now the injured worker was unable to complete fourth finger flexion. Subjective complaints revealed pain at the fifth finger and pain and stiffness of the right fourth finger. The objective findings revealed swelling at the right fourth and fifth metacarpals, reduced grip strength, reduced range of motion at the fourth metacarpal and fracture dislocation of the fifth metacarpal on 04/10/2011 per x-ray. The diagnoses included status post right fifth metacarpal fracture pain, right fifth metacarpal pain, and pain and stiffness of the right fourth metacarpal, multiple level disc disease, lumbar spondylosis and scoliosis, and right lumbar radicular signs and symptoms. The treatment plan included a referral for a hand consultation regarding the right fifth and fourth digits, 8 sessions of chiropractic care for flaring low back pain, and 8 sessions of acupuncture for persistent low back pain with radiculopathy as well as a TENS unit for home use to improve range of motion, flexibility and decrease oral pain medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Consultation with hand specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC) Forearm, Wrist & Hand Procedure Summary Online Version last updated 11/13/2014.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The American College of Occupational and Environmental Medicine guidelines indicate that a referral for hand surgery consultation may be indicated for injured workers who have red flags of a serious nature; fail to respond to conservative management, including worksite modifications and who have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. The clinical documentation submitted for review failed to provide documentation the injured worker had failed conservative care. There was a lack of documentation indicating the injured worker had special study evidence of a lesion to support the necessity for a referral for a consultation. Given the above, the request for consult with hand specialist is not medically necessary.

Chiropractic therapy for the lumbar spine quantity: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58, 59.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement, a total of up to 18 visits over 6-8 weeks may be appropriate. Treatment for flare-ups requires a need for re-evaluation of prior treatment success. The guidelines recommend a re-evaluation of prior treatment success for a flare up. The documentation indicated the request was made due to a flare up of chiropractic pain. There was a lack of documentation indicating prior treatment success and the quantity of sessions previously attended. Additionally, 8 sessions would be excessive. Given the above, the request for chiropractic therapy for the lumbar spine is not medically necessary.

Acupuncture for the lumbar spine quantity: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3 - 6 treatments. There was a lack of clarification indicating whether the injured worker had previously attended acupuncture and if so, there was a lack of documentation of response to treatment. If this was the initial request 8 sessions would be excessive. Given the above and the lack of documentation, the request for acupuncture of the lumbar spine quantity 8 is not medically necessary.

TENS unit for home use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-116.

Decision rationale: The California Medical Treatment Utilization Schedule recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The clinical documentation submitted for review failed to indicate the injured worker would utilize the TENS unit as an adjunct to therapy. The request as submitted failed to indicate the duration of care and whether the unit was for rental or purchase. Given the above and the lack of documentation, the request for TENS unit for home use is not medically necessary.