

Case Number:	CM15-0059894		
Date Assigned:	04/06/2015	Date of Injury:	03/28/2012
Decision Date:	05/29/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/30/2015

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 60-year-old female, who sustained an industrial injury on 03/28/2012. The mechanism of injury involved a fall. The injured worker was diagnosed as having possible carpal tunnel syndrome and loss of grip. There is no record of a recent diagnostic study. Treatment to date has included medication management. In a progress note dated 03/12/2015, the injured worker complains of left hand and wrist pain. The treating physician is requesting electromyography/nerve conduction study of the bilateral upper extremities, home health aide four hours per day, interferential unit-hot and cold and acupuncture for 12 sessions to the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: California MTUS/ACOEM Practice Guidelines state in cases of peripheral nerve impingement, if there is no improvement or a worsening of symptoms within 4 to 6 weeks, electrical studies may be indicated. In this case, there is no evidence of a progression of worsening or symptoms or physical examination findings. In addition, there is no mention of an exhaustion of any recent conservative management prior the request for electrodiagnostic studies. Given the above, the request is not medically necessary.

Home healthcare (4 hours a day to assist in ADL's): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

Decision rationale: California MTUS Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are homebound on a part time or intermittent bases, generally up to no more than 35 hours per week. The specific type of services required were not listed in the request. Although the provider requested home health care to assist with activities of daily living, the California MTUS Guidelines state medical treatment does not include home maker services and personal care. Given the above, the request is not medically necessary.

Durable Medical Equipment IF unit; Hot & Cold: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264.

Decision rationale: California MTUS/ACOEM Practice Guidelines state physical modalities such as massage, cutaneous laser treatment, electrical neurostimulation and biofeedback have no scientifically proven efficacy in treating acute hand, wrist or forearm symptoms. In addition, at home local applications of heat or cold can be used before or after exercises and are as effective as performed by a therapist. In this case, there was no mention of a contraindication to at home local applications of heat or cold as opposed to a motorized mechanical device. The medical necessity for the requested durable medical equipment has not been established in this case. As such, the request is not medically necessary.

Acupuncture 2 times a week for 6 weeks (12 sessions) for the left wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. The request for 12 sessions of acupuncture exceeds guideline recommendations. As such, the request is not medically necessary.