MAXIMUS Federal Services

Case Number:	CM15-0062502		
Date Assigned:	04/06/2015	Date of Injury:	01/15/2009
Decision Date:	05/12/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/17/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 60-year-old who has filed a claim for chronic hand, wrist, and elbow pain reportedly associated with cumulative trauma at work first claimed on January 15, 2009. In a Utilization Review report dated February 20, 2015, the claims administrator failed to approve requests for acupuncture and voice recognition software. The claims administrator referenced a February 7, 2015 progress note and associated February 17, 2015 RFA form in its determination. The claims administrator referenced the now-outdated 2007 Acupuncture Medical Treatment Guidelines in its determination and, furthermore, mislabeled the same as originating from the current MTUS. The applicant's attorney subsequently appealed. On December 19, 2014, the applicant reported ongoing complaints of hand, elbow, and upper extremity pain. Ulnar neuropathy and elbow epicondylitis was suggested. It was suggested that the applicant was working with previously imposed limitations. A Medical-legal Evaluation dated December 9, 2011 also suggested that the applicant was working with restrictions in place as of that date. A December 17, 2014 Medical-legal Evaluation was notable for commentary that the applicant still had issues with upper extremity pain and paresthesias. It was suggested that the applicant's job comprised, in less part, keyboarding. The applicant reported difficulty grasping and holding things with his fingers owing to issues with ulnar neuropathy versus diabetic neuropathy. The applicant had undergone earlier carpal tunnel release surgery, with only incomplete relief, it was acknowledged. The medical-legal evaluator suggested that voice recognition software would be beneficial so as to minimize the applicant's dependence on keyboarding. The applicant was declared at maximal medical improvement (MMI). Permanent

work restrictions were apparently imposed. The medical-legal evaluator acknowledged that the applicant had had prior acupuncture treatments over the course of the claim. On February 2, 2015, acupuncture, Lidoderm patches, electrodiagnostic testing, and voice recognition software were endorsed by the treating provider. The applicant's permanent work restrictions were renewed. It was suggested that the applicant was working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: No, the request for six sessions of acupuncture was not medically necessary, medically appropriate, or indicated here. The request in question did, in fact, represent a request for extension of acupuncture. The applicant had had prior acupuncture at various points over the course of the claim, it was acknowledged. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.d acknowledge that acupuncture treatment may be extended if there is evidence of functional improvement as defined in section 9792.20f, in this case, however, there is no clear or compelling evidence of functional improvement as defined in section 9792.20f with earlier acupuncture treatment. Permanent work restrictions were renewed, seemingly unchanged, from visit to visit. The requesting provider noted on his February 2, 2015 progress note that he was renewing previously imposed permanent limitations. The applicant was still using Motrin, Topamax, and Lidoderm patches as of February 2, 2015. All of the foregoing, taken together, suggested that the applicant had, in fact, plateaued in terms of the functional improvement parameters established in section 9792.20f, despite receipt of earlier acupuncture in unspecified amounts. Therefore, the request for additional acupuncture was not medically necessary.

Dragon Dictation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.ncbi.nlm.nih.gov/pubmed/10085865J Am Acad Nurse Pract 1998 Nov: 10 (11: 515-7.

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

Decision rationale: Conversely, the request for Dragon dictation (voice recognition) software was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-4, page 264, adjustments or modifications to an applicant's workstation, job tasks, work hours, or work methods are deemed recommended.

Here, the attending provider seemingly suggested that the applicant has issues with upper extremity paresthesias, brought on and/or exacerbated by repetitive keyboarding. Introduction of voice recognition software, thus, may introduce some job task and/or job method rotation and could potentially minimize some of the applicant's upper extremity complaints. Therefore, the request was medically necessary.