

Case Number:	CM15-0081493		
Date Assigned:	07/02/2015	Date of Injury:	06/15/2012
Decision Date:	08/04/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/28/2015

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, Pain Management

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 38 year old female who sustained a work related injury June 15, 2012, due to repetitive and continuous activities. Past history included bilateral carpal tunnel syndrome, left lateral epicondylitis, hypertension, and diabetes. Electrodiagnostic studies, dated May 2, 2014, revealed cervical radiculopathy and bilateral moderate carpal tunnel syndrome. According to the most recent primary treating physician's report, dated November 18, 2014, the injured worker presented with complaints of bilateral elbow and wrist pain. She has been wearing braces for the past two months, without any significant improvement. Physical examination revealed bilateral positive Phalen's test, Tinel's sign and compression test over the median nerve with numbness of the thumb, index and middle finger at approximately 5 seconds. There is bilateral thenar atrophy and bilateral abductor pollicis brevis weakness. Diagnoses are right and left upper extremity overuse syndrome; right and left carpal tunnel syndrome; bilateral elbow sprain/strain; left lateral epicondylitis. Treatment plan including awaiting authorization for staged right and then left, carpal tunnel decompression, continue to wear volar wrist splints at night, and continue with anti-inflammatories. At issue, is the request for authorization for acupuncture and physical therapy/ kinetic activity sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eighteen sessions of acupuncture, three times a week for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions" and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, while a trial of acupuncture may be indicated, the current request for a visit exceeds the 6-visit trial recommended by guidelines. Unfortunately, there is no provision to modify the current request. As such, the currently requested acupuncture is not medically necessary.

Five additional Physical Therapy/Kinetic Activity sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98-99 of 127. Decision based on Non-MTUS Citation ODG, Pain Chapter, Physical Medicine.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no documentation of specific objective functional improvement with any previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested physical therapy is not medically necessary.