

<b>Case Number:</b>	CM15-0084223		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	04/14/2012
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 injured worker is a 38 year old male, who sustained an industrial injury on 04/14/2012. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, conservative therapies, and right wrist surgery. Per the follow-up report 03/18/2015, the injured worker complained of left wrist pain rated 7/10 in severity and continued carpal tunnel like symptoms despite being off work. The injured worker is status post right carpal tunnel release (10/01/2014) and reported that his home exercise kit malfunctioned; therefore is requesting a new set. The diagnoses include bilateral carpal tunnel syndrome, and status post right wrist carpal tunnel release. The request for authorization included 6 sessions of acupuncture for the left wrist, 6 sessions physiotherapy for the left wrist, and a home exercise kit for the left wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture x 6 Sessions - Left Wrist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The MTUS Guidelines recommend the use of acupuncture when pain medication is not tolerated or can be reduced with this treatment. It can also be used alongside rehabilitation and/or surgery to speed recovery. Some accepted goals include a decreased pain level, improved nausea caused by pain medications, increased range of joint motion, improved relaxation with anxiety, and reduced muscle spasms. Acupuncture treatment can include the use of electrical stimulation. Functional improvement is expected within three to six treatments. The Guidelines support having acupuncture treatments one to three times per week for up to one to two months. The submitted and reviewed documentation indicated the worker was experiencing shoulder pain with weakness and wrist pain. There was no discussion suggesting a significant issue with pain medication, indicating the worker would have rehabilitation together with this therapy, specifying the goals of this treatment, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for six acupuncture sessions for the left wrist is not medically necessary.

**Physiotherapy x 6 Sessions - Left Wrist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time (fading) should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted QME report dated 10/21/2014 indicated the worker was experiencing shoulder pain with weakness and wrist pain. There was no discussion describing the reason therapist-directed physical therapy would be expected to provide more benefit than a home exercise program or supporting the requested trials of other treatments in that setting. In the absence of such evidence, the current request for six physical therapy sessions for the left wrist is not medically necessary.

**DME: Home Exercise Kit - Left Wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

**Decision rationale:** The MTUS Guidelines encourage the use of a home exercise program as part of a treatment program for chronic pain. The literature shows strong evidence that treatment programs that include aerobic conditioning and strengthening have superior outcomes compared with those that do not with both immediate and long-term benefits. Education, independence, and on-going exercise long-term should be emphasized. The submitted and reviewed records indicated the worker was experiencing shoulder pain with weakness and wrist pain. There was no discussion detailing special circumstances that sufficiently supported the worker's need for equipment in order to include a home exercise program in the worker's treatment. In the absence of such evidence, the current request for a home exercise kit for the left wrist is not medically necessary.