

Case Number:	CM14-0148318		
Date Assigned:	09/18/2014	Date of Injury:	01/21/2003
Decision Date:	10/24/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/12/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 63-year-old female who reported an injury on 04/30/2008. The mechanism of injury was a motor vehicle accident. The diagnoses included carpal tunnel syndrome, sprain of the hand, joint pain involving the hand, and joint pain involving the forearm. The past treatments included acupuncture, chiropractic care, and medications. The progress note dated 08/04/2014, noted the injured worker complained of clicking and locking of her fingers with pain, rated 7/10. The objective findings were noted as stiffness and locking to the bilateral hands, as well as instability and limited range of motion. It was further noted that acupuncture treatment was stopped and the injured worker believed it was helping. The medications were not included. The treatment plan requested additional chiropractic care twice a week for 4 weeks, acupuncture twice a week for 4 weeks to correct imbalances, remove blockages that interfere with the body's internal balance, and manual adjustments throughout the spine to correct subluxations or obstructions that are based within the nervous system. The physician further noted the injured worker had responded well to the treatments, which were helping to increase function and stability to her bilateral wrists and cervical spine. The Request for Authorization form for chiropractic and acupuncture treatment was submitted for review on 08/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x4 - 6 for neck and bilateral wrists: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for Acupuncture 2 x 4 - 6 for neck and bilateral wrists is not medically necessary. The injured worker reported pain, with clicking and locking, in her fingers. There was no physical examination of the neck or wrists provided. The California MTUS acupuncture guidelines recommend acupuncture as an option when pain medications are reduced or not tolerated, or as an adjunct to physical therapy or surgical intervention to hasten recovery. The guidelines state acupuncture treatments should produce functional improvement in 3 to 6 treatments. If there is evidence of significant objective functional improvement after the initial trial, the guidelines recommend continuation of treatment with 1-3 sessions per week over 1-2 months. There is no documentation of intolerance or change in the injured worker's medications. There is no documentation indicating active therapy is being utilized. There is a lack of documentation of measured subjective or objective improvement with the previous acupuncture treatments. It is not clear how many acupuncture sessions the injured worker has completed at this time. As such, the request for 8 to 12 additional sessions of acupuncture is not indicated. Therefore, the request is not medically necessary.

Chiropractic treatment 2 x 4-6 for neck and bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Manipulation and manual.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 58.

Decision rationale: The request for Chiropractic treatment 2 x 4-6 for neck and bilateral wrists is not medically necessary. The injured worker reported pain, with clicking and locking, of her fingers. There was no physical examination of the neck or wrists provided. The California MTUS Guidelines state that chiropractic care for chronic pain, if caused by musculoskeletal conditions, is recommended. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measureable gains in functional improvement that facilitate progression in the injured worker's therapeutic exercise program, and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. There is a lack of evidence of functional deficits in the documentation provided. The request for 8 to 12 visits exceeds the guidelines' recommendations for the initial trial period. It is not clear when or the amount of chiropractic visits the injured worker has had previously. There is a lack of documentation indicating the injured worker had significant objective functional improvement with the prior therapy. Therefore, the request is not medically necessary.

Unit and supplies 30-60 Rental & Purchase for neck and bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 118-120.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg, Durable Medical Equipment.

Decision rationale: The request for Unit and supplies 30-60 Rental & Purchase for neck and bilateral wrists is not medically necessary. The Official disability Guidelines (ODG) stated that durable medical equipment is generally recommended when there is a medical need; when the device or system is able to withstand repeated use, is primarily and customarily used to serve a medical purpose, is generally not useful to a person in the absence of illness or injury, and is appropriate for use in the patient's home. This request needs clarification, as there is no indication of what type of unit is being requested to determine medical necessity. The simultaneous rental and purchase would not be indicated for any type of durable medical equipment. Due to the type of unit not being specified, and the simultaneous request for rental and purchase, the unit and supplies are not indicated for use at this time. Therefore, the request is not medically necessary.