

<b>Case Number:</b>	CM14-0089691		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	09/21/2012
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 Occupational 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 61-year-old female security guard who alleges a cumulative trauma injury. There was a treating psychologist initial report from April 18, 2014. She developed depressive, anxious emotional and psychophysiological symptoms due to the stress out of disturbing events at work. There were also physical injuries reportedly involving her ankles, knees and the low back. She experienced cumulative trauma injuries involving her knees and ankle from repetitive walking and prolonged standing. The supervisor allegedly became hostile during the course of a disciplinary meeting. She felt that the store manager who made the allegation was mistaken about her using her cell phone on the job. There was a peer review from May 29, 2014. She has had 48 sessions of chiropractic treatment and 24 acupuncture treatments. She still complains of right wrist thumb, neck, lower back, bilateral knee and bilateral ankle pain, headaches, depression, anxiety, dizziness and stomach discomfort.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL 8 CHIROPRACTIC CARE FOR THE RIGHT WRIST/HAND, RIGHT THUMB, BILATERAL KNEES, BILATERAL ANKLES, LUMBAR SPINE, CERVICAL SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004). 8 C.C.R. Â§Â§9792.20 - 9792.26 Page 58 of 127

**Decision rationale:** The MTUS stipulates that the intended goal of this form of care is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. It notes for that elective and maintenance care, such as has been used for many years now in this case, is not medically necessary. In this case, the appeal letter was carefully considered, but these records fail to attest to 'progression of care'. The guidelines further note that treatment beyond 4-6 visits should be documented with objective improvement in function. Further, in Chapter 5 of ACOEM, it speaks to leading the patient to independence from the healthcare system, and self-care. It notes that over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. The patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. With 18 automatic sessions per year, this key concept of MTUS ACOEM is not met. The request is not medically necessary.

**BRACES AND SUPPORTS FOR THE RIGHT WRIST AND RIGHT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 340, 264.

**Decision rationale:** On page 340, ACOEM, Knee complaints notes: A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. It is not clear the claimant has these conditions, or these occupational needs. The guides further note that for the average patient, using a brace is usually unnecessary. There is nothing noted as to why this claimant would be exceptional, from average and need a brace. The request is appropriately not medically necessary. Also, the California MTUS-ACOEM guides, Chapter 11 for the Forearm, Wrist and Hand note, on page 263: Initial treatment of CTS should include night splints. Day splints can be considered for patient comfort as needed to reduce pain, along with work modifications. When treating with a splint in CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night, and may be used during the day, depending upon activity. I did not find the claimant had a condition supported for splinting under MTUS. The request was appropriately not medically necessary.

