

Case Number:	CM14-0096889		
Date Assigned:	07/28/2014	Date of Injury:	07/24/2013
Decision Date:	10/15/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/25/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic hand, wrist, finger, upper back, and shoulder pain reportedly associated with an industrial injury of July 24, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of chiropractic manipulative therapy; and extensive periods of time off of work. In a Utilization Review Report dated June 11, 2014, the claims administrator denied a request for 12 sessions of acupuncture, denied a request for chiropractic treatment/supervised physiotherapy, denied a request for computerized range of motion and muscle testing of the left upper extremity, and denied a request for EMG/NCV testing of the bilateral upper extremities. The claims administrator employed the now-outdated 2007 Acupuncture Guidelines in its rationale and also employed non-MTUS ODG Guidelines to deny the electrodiagnostic testing and range of motion testing, despite the fact that the MTUS addresses both topics. The applicant's attorney subsequently appealed. In a May 14, 2014 progress note, the applicant reported unchanged complaints of tingling and paresthesias about the bilateral hands. The applicant was placed off of work, on total temporary disability for additional six weeks, through June 23, 2014. In an earlier note dated May 7, 2014, the applicant reported persistent complaints of left hand, left wrist, and left thumb pain with associated paresthesias. The applicant was hypertensive, it was noted. The applicant had also developed issues with depression, it was further stated. The applicant was on Norco and Flexeril. The applicant had comorbid hypertension, reflux, and carpal tunnel syndrome. The applicant was unable to make a fist with her left hand. Diminished grip strength was noted about the left hand. Diminished grip strength was noted. The applicant was asked to obtain six sessions of chiropractic treatment which included supervised physiotherapy. Twelve sessions of acupuncture and computerized range of motion testing was sought. MRI imaging of

the wrist and hand were sought, although the attending provider did not state for what purpose the MRI imaging was being requested. Electrodiagnostic testing of the bilateral upper extremities was likewise endorsed. Norco, Flexeril, and Protonix were endorsed. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The attending provider has not outlined whether or not the request represented a first-time request or renewal request. Nevertheless, the Acupuncture Medical Treatment Guidelines and MTUS 9792.24.1.c.1 note that the time deemed necessary to produce functional improvement following introduction of acupuncture is "three to six treatments. The request, thus, as written, represents treatment at a rate two to four times MTUS parameters. No compelling applicant-specific rationale for treatment this far in excess of MTUS parameters was proffered by the attending provider. Therefore, the request is not medically necessary.

Chiropractic with supervised physiotherapy of left upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Manipulation Page(s): 58 8.

Decision rationale: The primary pain generator here is the left hand/left wrist. However, as noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, manual therapy and manipulation are deemed "not recommended" for issues involving the forearm, wrist, and hand, as are present here. It is further noted that the applicant has had prior physical therapy in unspecified amounts over the course of the claim. As noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, demonstration of functional improvement is needed at various milestones in the treatment program in order to justify continued treatment. In this case, the applicant is off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on various oral and topical medications. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f despite unspecified amounts of prior physiotherapy over the course of the claim. Therefore, the request is not medically necessary.

Range of motion and muscle testing left upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 257 258.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, page 257, an attending provider's regional examination of the forearm, wrist, and hand should include "evaluating active and passive range of motions" within the applicant's limits of comfort. ACOEM Chapter 11, page 258 also states that the neurologic status of the applicant's hand, wrist, forearm, and elbow, including the motor function/muscle testing at issue, should likewise be assessed as part of an attending provider's usual and customary physical examination. By implication, thus, there is no support for the computerized range of motion and/or computerized muscle testing seemingly being sought here. Therefore, the request is not medically necessary.

Electromyography of both upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-7, page 272..

Decision rationale: As noted on the progress note on which the testing at issue was sought, May 7, 2014, the applicant's complaints were confined to her left hand and left wrist. The applicant reported paresthesias and tingling about the left digits. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-7, page 272, the routine use of NCV testing in the evaluation of applicants without symptoms is deemed "not recommended." In this case, the applicant was seemingly described as asymptomatic insofar as the right upper extremity was concerned on the date the article in question was sought. Since electromyography testing of the bilateral upper extremities would, by implication, involve testing of the asymptomatic right upper extremity, the request, as written, cannot be supported as it runs counter to ACOEM principles. Therefore, the request is not medically necessary.

Nerve conduction studies of both upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-7, page 272..

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-7, page 272, routine use of NCV testing the diagnostic evaluation of applicants without symptoms is deemed "not recommended." In this case, the applicant was seemingly asymptomatic insofar as the right upper extremity was concerned on the date the nerve

conduction testing in question was sought, May 7, 2014. On that date, the attending provider suggested that the applicant's symptoms were confined to the symptomatic left hand, left wrist, and left digits. Since nerve conduction testing of the bilateral upper extremities would, by implication, involve testing of the asymptomatic right upper extremity, the request, as written, cannot be approved as it runs counter to ACOEM principles. Therefore, the request is not medically necessary.