

Case Number:	CM14-0214109		
Date Assigned:	12/31/2014	Date of Injury:	10/12/2011
Decision Date:	03/05/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker's date of injury is 10/12/2011. This patient receives treatment for chronic neck, low back, right shoulder, and wrist pain. The medical diagnoses include cervical strain, right shoulder rotator cuff tear, lumbar strain, and right wrist strain. The patient performed repeated episodes of lifting heavy steel objects and grinding pipe edges. Initially the patient received treatment for low back pain and received physical therapy, along with NSAIDS and a muscle relaxer. MRI imaging showed some degenerative disc disease in the neck and low back. The shoulder was treated with a steroid injection. The patient received 4 acupuncture sessions in 2014. The patient had tenderness on exam and a positive Finkelstein's test on the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

acupuncture for the low back, neck, right shoulder x 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM, occupational medicine practice guidelines, 2nd edition, chapter 7, page 127: consultation

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This patient receives treatment for chronic neck and low back pain and the patient received acupuncture in 07/2014. The medical documentation does not show that there was a functional improvement. Based on the previous lack of documented benefit, additional acupuncture sessions are not medically indicated.

right de quarain's tenosynovitis injection: 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)- Forearm/wrist/hand chapter- injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm/Wrist/Hand Chapter, Injections.

Decision rationale: The patient has received treatment for chronic wrist pain for over 3 years with various clinical diagnoses stated over the years. The patient was believed to have carpal tunnel syndrome, but the clinical and electrodiagnostic findings were not fully met. The patient received treatment for chronic wrist pain with physical therapy and splinting. The documentation also states that the patient's clinical exam reveals possible de Quervain's tenosynovitis of the right wrist. The diagnosis in the documentation that is the most fitting is: wrist sprain/strain, cumulative injury, as stated by a rehabilitation medical consultant. Injection for de Quervain's tenosynovitis is not clinically indicated.

referral to orthopedic surgeon as secondary treater for the wrist: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm/Wrist/Hand Chapter, Injection.

Decision rationale: The medical documentation does not make clear that there are any additional treatments planned for the wrist, nor do they state clearly what the intent of the referral to the orthopedist is for. Referral to an orthopedist is not clinically indicated.