

Case Number:	CM15-0005763		
Date Assigned:	01/16/2015	Date of Injury:	03/07/2014
Decision Date:	03/18/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/12/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old female, who sustained an industrial injury on March 7, 2014. She has reported hand pain from many hours of computer use. The diagnoses have included lateral epicondylitis, carpal tunnel syndrome and hand pain. Treatment to date has included electromyogram and nerve conduction study on June 4, 2014 of the upper extremities, X-rays of the hands on August 26, 2014 and cervical Magnetic resonance imaging on December 11, 2014, Pil-O splints for use at night, physical therapy, ergonomic evaluation, modified duty, home exercise program, oral medication, short custom thumb Spica splints, isotoner gloves and TENS unit. Currently, the injured worker complains of ongoing bilateral hand pain and bilateral elbow pain, she constantly numb in her bilateral thumb index and long fingers. The provider notes on October 1, 2014 the injured worker has had hand therapy that has mildly helped and that she has six sessions left. On December 31, 2014 Utilization Review non-certified a hand therapy quantity four, and acupuncture sessions quantity six noting, Medical Treatment Utilization Schedule Guidelines was cited. On December 23, 2014, the injured worker submitted an application for IMR for review of hand therapy quantity four, and acupuncture session's quantity six.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 sessions of hand therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: This patient presents with bilateral hand and bilateral elbow pain. The treater is Requesting 4 Sessions Of Hand Therapy. The RFA dated 11/06/2014 shows a request for acupuncture 2x a week for 3 weeks. The patient's date of injury is from 03/07/2014, and her current work status is modified duty. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. The records do not show any previous hand therapy reports. The utilization review partially certified 3 visits of hand therapy. The 12/15/2014 report notes, she recently completed hand therapy. She reports no improvement at all. MTUS page 8 on chronic pain requires satisfactory response to treatment including increased levels of function, decreased pain, or improved quality of life. Given the lack of functional improvement while utilizing this modality, the requested 4 sessions are not medically necessary.

6 sessions of acupuncture: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: This patient presents with bilateral hand and bilateral elbow pain. The treater is requesting 6 Sessions Of Acupuncture. The RFA dated 11/06/2014 shows a request for acupuncture 2 times per week for 3 weeks. The patient's date of injury is from 03/07/2014, and her current work status is modified duty. The MTUS Guidelines for acupuncture states that it is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. In addition, MTUS states that an initial trial of 3 to 6 visits is recommended. Treatments may be extended if functional improvement is documented. The records do not show any acupuncture therapy reports. The 12/15/2014 notes that the patient has started acupuncture, and no reports of benefit were noted yet. It would appear that the treater is requesting authorization for the acupuncture sessions that the patient is currently receiving. In this case, the MTUS Guidelines support an initial trial of 3 to 6 visits, and the request for 6 sessions is within guidelines. The request is medically necessary.