

Case Number:	CM15-0113375		
Date Assigned:	07/22/2015	Date of Injury:	03/05/2015
Decision Date:	10/02/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/11/2015

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 59-year-old female, who sustained an industrial injury on 3/05/2015, resulting from lowering the lever of a mop ringer. She reported pain in her right hand, wrist, forearm, left upper extremity, and back. The injured worker was diagnosed as having right shoulder sprain/strain, right wrist sprain-strain, carpal tunnel syndrome, lumbar sprain-strain, and left shoulder sprain-strain. Treatment to date has included chiropractic physiotherapy. On 4/21/2015, the injured worker complains of pain in her right wrist and hand, with radiation into the forearm and upper arm, rated 7/10. She also reported right elbow, forearm, and shoulder pain rated 7-8/10, right hand weakness with numbness and tingling sensations, and low back pain, left shoulder pain, and left upper arm pain, rated 3-4/10. She was referred for diagnostics and was to continue chiropractic. The results of any completed diagnostic testing were not submitted. The current treatment plan is for acupuncture x12 sessions and computerized tomography of the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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 under computed tomography.

Decision rationale: Based on the 4/21/15 progress report provided by the treating physician, this patient presents with right wrist/hand pain radiating into forearm/upper arm rated 7/10, right elbow/forearm pain rated 7-8/10, right shoulder pain rated 7-8/10, right hand weakness and numbness/tingling radiating into the right hand, and low back pain rated 5-6/10. The treater has asked for CT right wrist but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is s/p chiropractic treatment but number of sessions were not specified nor the efficacy per 4/21/15 report. The patient also has left shoulder and left upper arm pain rated 3-4/10 per 4/21/15 report. The patient has worsened since being put on modified duty per 3/14/15 report. The patient has been using her wrist supports, and has significant right wrist pain even though she's not using right wrist while at work per 3/14/15 report. The patient is currently working with restrictions as of 3/14/15 report. ODG guidelines, forearm/wrist/hand chapter under computed tomography: Recommended for indications below. In distal radius fractures where there is a high likelihood of intra-articular incongruence, such as fractures in young adults, which frequently result from high-energy impact loading, selective or even routine use of CT to supplement the standard radiographic examination is warranted. (ACR, 2001) (Dalinka, 2000) Indications for imaging Computed tomography (CT): Acute hand or wrist trauma, scaphoid fracture on films, concern for displacement or age of fracture, Acute hand or wrist trauma, comminuted distal radius fracture, suspect incongruity of joint, Acute hand or wrist trauma, suspect distal radioulnar joint subluxation, Acute hand or wrist trauma, suspect hook of the hamate fracture, initial radiographs normal or equivocal, Acute hand or wrist trauma, suspect metacarpal fracture or dislocation, if strong clinical concern exists following negative or equivocal plain film, Chronic wrist pain, pain for more than 3 weeks, suspect occult fracture possibly hamate, plain films non-diagnostic. The treater does not discuss this request in the reports provided. Utilization review letter dated 6/3/15. The patient has persistent right upper extremity symptoms despite conservative treatment and is s/p hyperextension injury of right wrist/thumb. Treater has requested MRI right shoulder/right wrist to rule out ligament tear, and NCV upper extremity to rule out nerve entrapment on 4/21/15 report although the results were not included in documentation. Per utilization review letter dated 6/3/15, X-rays showed a non-displaced distal radius fracture, and there was "no discussion of whether there was likelihood of intra-articular involvement or high energy impact loading", "no discussion of suspected scaphoid fracture, comminuted distal radius fracture, radioulnar joint subluxation, or suspicion of hook of hamate fracture". Given lack of a discussion for the requested CT scan, further evaluation is not warranted per guidelines. The request is not medically necessary.

Acupuncture x12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the 4/21/15 progress report provided by the treating physician, this patient presents with right wrist/hand pain radiating into forearm/upper arm rated 7/10, right elbow/forearm pain rated 7-8/10, right shoulder pain rated 7-8/10, right hand weakness and numbness/tingling radiating into the right hand, and low back pain rated 5-6/10. The treater has asked for acupuncture x12 on but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is s/p chiropractic treatment but number of sessions were not specified nor the efficacy per 4/21/15 report. The patient also has left shoulder and left upper arm pain rated 3-4/10 per 4/21/15 report. The patient has worsened since being put on modified duty per 3/14/15 report. The patient has been using her wrist supports, and has significant right wrist pain even though she's not using right wrist while at work per 3/14/15 report. The patient is currently working with restrictions as of 3/14/15 report. MTUS, Acupuncture Medical Treatment Section, pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments. (ii) Frequency: 1 to 3 times per week. (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792. 20(e)". Treater does not discuss the request. In this case, the patient continues to experience right upper extremity pain. Review of provided medical records shows no evidence the patient previously receiving any Acupuncture treatments. Given patient's condition, a trial of 3-6 sessions of Acupuncture would be indicated by MTUS guidelines. The request for 12 treatments of Acupuncture, however, exceeds what is recommended by MTUS. Therefore, the request is not medically necessary.