

Case Number:	CM15-0125799		
Date Assigned:	07/10/2015	Date of Injury:	03/24/2014
Decision Date:	09/11/2015	UR Denial Date:	06/07/2015
Priority:	Standard	Application Received:	06/29/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 28 year old male, who sustained an industrial injury on March 24, 2014. He reported an amputation of the right index finger when his right hand was caught in a machine. The injured worker was diagnosed as having right shoulder strain-sprain, bursitis; right elbow strain-sprain, right elbow lateral epicondylitis; right wrist strain-sprain, status post amputation of index finger at proximal interphalangeal joint and right index neuroma, posttraumatic hand stiffness, and anxiety and depression secondary to pain. On March 24, 2015, x-rays of the right hand revealed an amputation of the mid and distal second phalanges, consistent with traumatic amputation. There was an apparent posterior dislocation of the second metacarpal joint and soft tissue swelling. On March 24, 2015, CT of the right hand and wrist revealed amputation of the second digit at the proximal interphalangeal joint. The proximal head was exposed. There was a dorsal dislocation of the base of the second metacarpal from the trapezoid. On March 24, 2015, an MRI of the right upper extremity revealed a partial tearing of the medial aspect of the right digitorum flexor profundus muscle with apparent complete tears of the tendons of the middle and index fingers with retraction of the tendons proximal to the carpal tunnel to the distal radioulnar joint level. On March 24, 2015, he underwent an exploration, irrigation, and debridement of traumatic amputation of the right index finger; dorsal skin flap construction for defect open wound; and debridement of the amputation of the proximal phalanx, volar plate, and flexor and extensor tendons; a neurectomy; and closed reduction and K-wire fixation for second metacarpal and trapezoid dislocations of the right wrist. Treatment to date has included physical therapy with benefit, chiropractic therapy, a wrist-hand brace, an electrical stimulation unit, a hot/cold unit, and medications including analgesic and non-steroidal anti-inflammatory. The records show 14 sessions of acupuncture from February 26, 2015 to May 4, 2015, which the injured worker found to be beneficial as it decreased his pain and

tenderness, improved his function by 10%, and improved his activities of daily living by 10%. Comorbid diagnoses included history of post-traumatic stress disorder and depressive disorder not otherwise specified. There were no noted previous injuries or dates of injury. On May 13, 2015, the injured worker complains of continued right shoulder and right elbow pain with pain and numbness in the right wrist and hand. His pain is rated: right shoulder = 1/10, which is increased from 0/10 since the last visit; right elbow = 2/10, which is increased from 1-2/10 since the last visit; abdomen right wrist-hand pain = 4/10, which is unchanged from the last visit. The physical exam revealed grade 1 tenderness to palpation of the right elbow and grade 2 tenderness to palpation of the right wrist, which is unchanged from the last visit. There are no changes in the neurocirculatory exam. The treatment plan includes 12 sessions of acupuncture of the right upper extremity and Ibuprofen 600mg three times a day as needed for pain #90. His work status remains as temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Acupuncture sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the Acupuncture Medical Treatment Guidelines acupuncture is recommended 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." An initial trial of 3-6 visits of acupuncture of 1 to 3 times per week, over 1 to 2 months. Any further acupuncture is considered in light of documentation of functional improvement. A review of the injured workers medical records reveal documented improvement in pain and function with prior acupuncture and given his clinical presentation additional sessions would be warranted, therefore the request for 12 Acupuncture sessions is medically necessary.

1 prescription of Ibuprofen 600mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific drug list & adverse effects: Ibuprofen (Motrin, Advil [otc], generic available) Page(s): 67-68; 72.

Decision rationale: Per the California Medical Treatment Utilization Schedule (CMTUS) guidelines, non-steroidal anti-inflammatory drugs are recommended as a second-line treatment

after acetaminophen for short-term relief of osteoarthritis, acute exacerbations of low back pain symptoms, chronic low back pain, and neuropathic pain. The CMTUS guidelines recommend non-steroidal anti-inflammatory drugs at the lowest effective dose for the shortest duration of time consistent with the individual patient treatment goals. Per the CMTUS guidelines, Ibuprofen when used for mild to moderate pain is recommended at 400 mg every 4-6 hours as needed for pain and doses greater than 400 mg have not provided greater relief of pain. The injured worker has been taking Ibuprofen 600 mg three times a day as needed for pain since at least March 25, 2015, however based on his clinical presentation the continued use of ibuprofen appears appropriate and is medically necessary.