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| Case Number: | CM15-0129606 | | |
| Date Assigned: | 08/10/2015 | Date of Injury: | 04/05/2013 |
| Decision Date: | 09/17/2015 | UR Denial Date: | 06/15/2015 |
| Priority: | Standard | Application Received: | 07/06/2015 |

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: North Carolina, Georgia
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:

The injured worker is a 51 year old male, who sustained an industrial injury on 4-05-2013. He reported a crush type injury to his right middle finger from a piece of wood, sustaining a fracture of his middle finger proximal phalanx. The injured worker was diagnosed as having calcifying tendinitis of shoulder, osteoarthritis, unspecified whether generalized or localized, shoulder region, osteoarthritis, unspecified whether generalized or localized, forearm, left wrist strain- sprain, and left hand strain-sprain. Treatment to date has included splinting, medications, and physical therapy. Several documents within the submitted medical records were handwritten and difficult to decipher. Currently, the injured worker complains of symptoms to the left elbow and left shoulder. Work status was modified. Current medication regimen was not noted. The treatment plan included physical therapy with modalities, chiropractic, acupuncture, and orthopedist consultation. The rationale for the requested treatments was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro (x 4-6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 58-60.

Decision rationale: The CA MTUS states that manual therapy such as chiropractic manipulation is widely recommended for chronic pain if caused by certain musculoskeletal conditions. It is considered an option for low back pain with a trial of six visits over 2 weeks, which, if there is evidence of functional improvement, can be extended to 18 visits over 6-8 weeks. It is not medically indicated for maintenance or ongoing care. For flares of symptoms, if return to work has been achieved, then 1-2 visits every 4-6 months are indicated. However, manual manipulation is not medically indicated for ankle, foot, carpal tunnel, forearm, wrist hand or knee conditions. In this case, the complaint is wrist and hand pain and manual manipulation (chiropractic) is not medically necessary.

Acupuncture (x 8-12): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS guidelines state that acupuncture 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. The frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: 1) Time to produce functional improvement: 3 to 6 treatments. 2) Frequency: 1 to 3 times per week. 3) Optimum duration: 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. In this case the request for acupuncture x 8-12 exceeds the initial treatment recommendation of 3-6 sessions to assess functional improvement. As such, the use of acupuncture x 8-12 sessions is not medically necessary.

Orthopedist Consult: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 209-210, 270.

Decision rationale: ACOEM addresses the need for orthopedic specialty consultation. Reasons for such consultation include presence of any red flag findings, failure to respond as expected to a course of conservative management or consideration of surgical intervention. The medical records in this case contain no documentation of any such indication for orthopedic follow up. As such, orthopedic follow up is not medically necessary.

Physical Therapy with Diathermy, Ultrasound, & Electrical Muscle Stimulation, Massage & Paraffin Wax (x 12-18): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 98-99.

Decision rationale: The CA MTUS recommends physical therapy for management of chronic pain with a clear preference for active therapy over passive therapy. Physical therapy includes supervision by therapist then the patient is expected to continue active therapies at home in order to maintain improvement levels. Guidelines direct fading treatment frequency from 3 times a week to one or less with guidelines ranging depending on the indication: Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2), 8-10 visits over 4 weeks, Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. In this case, the claimant has already completed an uncertain number of physical therapy visits and the medical records do not contain any information that would support any additional expected benefit from additional physical therapy. The request for additional physical therapy sessions is not medically necessary.