

Case Number:	CM15-0021670		
Date Assigned:	02/11/2015	Date of Injury:	04/11/2007
Decision Date:	04/09/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/05/2015

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, Arizona
 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 64-year-old male who reported injury on 04/11/2007. The documentation indicated the injured worker had completed 15 sessions of acupuncture. The injured worker underwent bilateral carpal tunnel releases in 2009, right shoulder arthroscopy, left carpal and cubital tunnel releases in 2010 and right carpal and cubital tunnel releases in 2010. The injured worker underwent an EMG/NCV, which revealed mild residual right carpal tunnel and left cubital tunnel and neuropathic changes at C5-6. The documentation of 09/03/2014 revealed the injured worker had complaints of bilateral hand pain, numbness, tingling and neck pain radiating to the left side of the upper back. The physical examination of the bilateral hands revealed range of motion with extension and flexion was 35/5. The injured worker had grip strength of 30/28/26 kg on the right and 20/18/16 kg on the left. The diagnoses included bilateral carpal and bilateral cubital tunnel syndrome. The recommendation was for occupational therapy, physical therapy and future wrist braces, as well as acupuncture. The medications included Motrin 800 mg 1 by mouth 3 times a day and Prilosec 20 mg 1 at bedtime.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2-3x6 for bilateral hand/wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend 10 sessions of physical medicine treatment for radiculitis, neuralgia and neuritis. The clinical documentation submitted for review indicated the injured worker had undergone surgical intervention, for which the injured worker would be treated postoperatively with physical medicine treatment. There was a lack of documentation indicating the quantity of sessions previously attended. There was a lack of documentation of objective functional deficits to support the necessity for additional therapy. Additionally, the request would exceed guideline recommendations. Given the above, the request for physical therapy 2 to 3 x6 for bilateral wrists/hands is not medically necessary.

Acupuncture 2-3x6 for bilateral hand/wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Acupuncture Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that acupuncture is used as an option when pain medication is reduced or not tolerated. Acupuncture treatments may be extended if functional improvement is documented, including either a clinically significant improvement in activities of daily living or reduction in work restrictions. The clinical documentation submitted for review indicated the injured worker had undergone 15 sessions of acupuncture treatment. The injured worker had returned to work full time. However, there was a lack of documentation indicating whether the injured worker was at full duty or whether he had a reduction in work restrictions. Given the above, the request for acupuncture 2 to 3 x6 for bilateral hands/wrists is not medically necessary.