

<b>Case Number:</b>	CM15-0031232		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	02/16/2012
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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 51 year old female, who sustained an industrial injury on February 16, 2012. She has reported neck pain, upper extremity pain, shoulder pain and bilateral lower extremity pain. The diagnoses have included right shoulder rotator cuff tear, lumbar spine sprain/strain and bilateral knee sprain/strain. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies and work restrictions. A TENS unit was prescribed as well as pain injections. Evaluation on January 12, 2015, revealed continued complaints of pain. Upon examination, there was tenderness to palpation with guarding and spasm in the lumbar spine. There was a positive straight leg raise and positive Kemp's sign. Limited range of motion of the lumbar spine was also noted. Examination of the bilateral wrists revealed tenderness to palpation with limited range of motion and negative Tinel's and Finkelstein's tests. Recommendations included a pain management consultation, bilateral wrist braces, lumbar support brace and a course of acupuncture. There was no Request for Authorization form submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Wrist brace X two (2): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state when treating with a splint in carpal tunnel syndrome, scientific evidence supports the efficacy of neutral wrist splints. Any splinting or limitation placed on the hand, wrist or forearm should not interfere with total body activity. In this case, there was no documentation of a significant functional deficit. Upon examination of the bilateral wrists there was tenderness to palpation. The injured worker does not maintain and diagnosis of carpal tunnel syndrome. The medical necessity has not been established. Therefore, the request is not medically appropriate at this time.

**Lumbar Spine brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines lumbar supports have not been shown to have any lasting benefit beyond the acute phase in symptom relief. There was no documentation of spinal instability upon examination. The medical necessity for the requested durable medical equipment has not been established. As such, the request is not medically appropriate.

**Pain Management consultation (with [REDACTED]):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM ,Chapter 7,Independent Medical Examinations and Consultation request.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** California MTUS Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery or has difficulty obtaining information or an agreement to a treatment plan. In this case, the provider is recommending a pain management consultation for a possible lumbar epidural steroid injection. There is insufficient documentation to support an epidural steroid injection at this time. The injured worker is also pending authorization for electrodiagnostic studies. Given the above, the request is not medically appropriate.

**Acupuncture; six (6) visits (2x3):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. In this case, the injured worker has been previously treated with acupuncture therapy. However, there was no documentation of objective functional improvement. The request as submitted failed to indicate the specific body part to be treated. Given the above, the request is not medically appropriate.

**Transportation to and from doctor and therapy appointments:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, Transportation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Transportation.

**Decision rationale:** The Official Disability Guidelines recommend transportation to and from appointments for medically necessary transportation in the same community for patients with disabilities preventing them from self transport. In this case, there is no indication that this injured worker is unable to provide self transportation. There is also no mention of a contraindication to private or public transportation. The medical necessity has not been established. Therefore, the request is not medically appropriate.