MAXIMUS Federal Services

Case Number:	CM15-0040545		
Date Assigned:	03/10/2015	Date of Injury:	06/07/2013
Decision Date:	04/15/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/03/2015

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 36-year-old female who reported an injury on 06/12/2013 with a mechanism of injury being cumulative trauma. The injured worker underwent carpal tunnel release on the left and a repair of a lacerated digital nerve in the hand. The documentation of 03/09/2015 revealed the injured worker's surgical intervention had taken place on 12/05/2013. The injured worker indicated the pain in the right hand was improving, and the injured worker had a slight improvement in the numbness of the third web space. The documentation indicated the injured worker had started a course of acupuncture. The injured worker complained of daily pain in the right hand, which made it difficult to perform simple activities. The injured worker underwent a right endoscopic carpal tunnel release on 10/01/2013. The physical examination revealed decreased sensation in the right third web space and intact sensation in the left hand. The diagnoses included severe pain in both hands, right carpal tunnel syndrome, status post right carpal tunnel release complicated by laceration of median nerve, status post repair of median nerve laceration, posterior interosseous nerve graft, left carpal tunnel syndrome from favoring the right hand, status post left carpal tunnel release and postoperative pain of the right hand following nerve repair. The medications included tramadol HCl 50 mg 1 to 2 tablets every 6 hours as needed. The injured worker complained of significant pain in the right hand, especially involving the long finger and ring finger. The pain prevented the injured worker from performing many activities of daily living. The injured worker was noted to have maximized operative and nonoperative care. The injured worker had significant functional deficits, and as such, the physician opined a Functional Restoration Program would help the injured worker

maximize her level of function. The treatment plan included 6 sessions of acupuncture therapy and a functional restoration program. There was a Request for Authorization submitted for review dated 02/24/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for Bilateral Wrists: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that acupuncture may be used as an option when pain medication is reduced or not tolerated, and it is recommend as an adjunct to physical rehabilitation. The time to produce functional improvement is 3 to 6 treatments. Additionally, 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 started acupuncture. There was a lack of documentation indicating the injured worker would utilize the acupuncture as an adjunct to physical medicine treatment. The request as submitted failed to indicate the quantity of sessions being requested. Given the above, the request for acupuncture for bilateral wrists is not medically necessary.

Functional Restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program, Functional Restoration Program Page(s): 30-32.

Decision rationale: The California Medical Treatment & Utilization Schedule Guidelines indicate that a Functional Restoration Program is recommended for patients with conditions that put them at risk of delayed recovery. The criteria for entry into a functional restoration program include an adequate and thorough evaluation that has been made including baseline functional testing so follow-up with the same test can note functional improvement, documentation of previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, documentation of the patient's significant loss of the ability to function independently resulting from the chronic pain, documentation that the injured worker is not a candidate for surgery or other treatments would clearly be warranted, documentation of the injured worker having motivation to change and that they are willing to forego secondary gains including disability payments to effect this change, and negative predictors of success has been addressed. Additionally, it indicates the treatment is

not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The clinical documentation submitted for review indicated the request had been made for Functional Restoration Program. There was a lack of documentation indicating the injured worker had a thorough evaluation that had been made, including baseline functional testing, documentation of previous methods of treating chronic pain had been unsuccessful, and there was an absence of options likely to result in significant clinical improvement. The injured worker was noted to have maximized operative and nonoperative care. The injured worker had significant functional deficits. However, there was a lack of documentation of the injured worker having motivation to change and that they were willing to forego secondary gains, including disability payments to effect this change, and that negative predictors of success has been addressed. The request as submitted failed to indicate the frequency and duration for the requested treatment. Given the above, the request for a Functional Restoration program is not medically necessary.