

<b>Case Number:</b>	CM15-0066838		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	03/25/2009
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 59 year old female, who sustained an industrial injury on 3/25/09. She reported right hand injury. The injured worker was diagnosed as having acquired trigger finger, carpal tunnel syndrome, fibromyositis, pain in upper limb and chronic pain syndrome. Treatment to date has included oral medications including ibuprofen, two surgeries to right hand, physical therapy and home exercise program. Currently, the injured worker complains of pain in right hand extending up right arm to neck and pain in left hand. Physical exam noted pain with movement of right shoulder, painful myofascial trigger points around the right trapezius muscle and tenderness over right shoulder. Diffuse weakness was also noted in both upper extremities. The treatment plan included request for occupational therapy and 6 sessions of acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture therapy 2 times 3 weeks - right upper extremity:** Overturned

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

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

**Decision rationale:** The claimant sustained a work injury in March 2009 and continues to be treated for bilateral hand pain. The requesting provider was seeing the claimant for an initial evaluation. Physical examination findings included sensitivity over the right hand surgical scars and positive Tinel's signs. There were right trapezius trigger points and right shoulder tenderness. She had decreased right hand sensation with decreased upper extremity strength including grip strength. In this case, the chronic pain treatment guidelines apply. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week and optimum duration of 1 to 2 months. In this case, the claimant has already had therapy and would be expected to be able to perform a home exercise program as an adjunct to the requested treatments. The number of treatments is within the guideline recommendation. The request was therefore medically necessary.

**Occupational therapy 2 times 4 weeks - right wrist:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work injury in March 2009 and continues to be treated for bilateral hand pain. The requesting provider was seeing the claimant for an initial evaluation. Physical examination findings included sensitivity over the right hand surgical scars and positive Tinel's signs. There were right trapezius trigger points and right shoulder tenderness. She had decreased right hand sensation with decreased upper extremity strength including grip strength. In this case, the chronic pain treatment guidelines apply. In terms of therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary.