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| <b>Case Number:</b>   | CM15-0079941 |                              |            |
| <b>Date Assigned:</b> | 04/30/2015   | <b>Date of Injury:</b>       | 01/11/2010 |
| <b>Decision Date:</b> | 06/01/2015   | <b>UR Denial Date:</b>       | 04/08/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/27/2015 |

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 30 year old female, who sustained an industrial/work injury on 1/11/10. She reported initial complaints of pain in the left shoulder, low back, and left knee. The injured worker was diagnosed as having muscular ligamentous strain lumbosacral spine and dorsal spine, left shoulder impingement syndrome, left wrist carpal tunnel syndrome with de Quervain's tenosynovitis, and left knee patellofemoral chondromalacia. Treatment to date has included medication, physical therapy, chiropractic care, and diagnostics. Electromyography and nerve conduction velocity test (EMG/NCV) was performed on 3/16/10. Currently, the injured worker complains of left wrist pain. Per the primary physician's progress report (PR-2) on 3/23/15, examination revealed gross tenderness over the ulnar aspect of the wrist, positive Durkan's test, distraction of the wrist shows some ligamentous laxity, clicking from the wrist, and restricted range of motion. The shoulder shows positive impingement test with Neer's, Hawkin's, and cross arm test along with positive Arc sign. The requested treatments include 6 sessions of chiropractic care for treatment of left wrist, Ibuprofen, and acupuncture for treatment of the left wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 sessions of chiropractic care for treatment of left wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

**Decision rationale:** This 30 year old female has complained of shoulder pain, back pain, wrist pain and knee pain since date of injury 1/11/10. She has been treated with physical therapy and medications. The current request is for 6 sessions of chiropractic care for treatment of left wrist. Per the ACOEM guidelines cited above, chiropractic therapy is not a recommended treatment modality for forearm, wrist and hand complaints. On the basis of the available medical records and per the ACOEM guidelines cited above, 6 sessions of chiropractic therapy is not medically necessary.

**Ibuprofen 800mg three times daily, #90 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 67-68.

**Decision rationale:** This 30 year old female has complained of shoulder pain, back pain, wrist pain and knee pain since date of injury 1/11/10. She has been treated with physical therapy and medications to include NSAIDS since at least 12/2014. The current request is for Ibuprofen. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 3 months. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Diclofenac is not medically necessary in this patient.

**12 sessions of acupuncture for treatment of left wrist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

**Decision rationale:** This 30 year old female has complained of shoulder pain, back pain, wrist pain and knee pain since date of injury 1/11/10. She has been treated with physical therapy and medications. The current request is for 12 sessions of acupuncture for treatment of left wrist. Per the ACOEM guidelines cited above, acupuncture is not a recommended treatment modality for forearm, wrist and hand complaints. On the basis of the available medical records and per the ACOEM guidelines cited above, 12 sessions of acupuncture is not medically necessary.