

Case Number:	CM15-0097724		
Date Assigned:	05/28/2015	Date of Injury:	02/15/2005
Decision Date:	06/30/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/20/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 49-year-old woman sustained an industrial injury on 2/15/2005. The mechanism of injury is not detailed. Diagnoses include myofascial cervical sprain, right shoulder tendinitis, right wrist strain, cervical radiculopathy, and right ankle fracture. Treatment has included oral medications and surgical intervention. Physician notes dated 4/29/2015 show complaints of low back and bilateral knee pain. Recommendations include acupuncture, pain management consultation, work chair and mouse replacement, Percocet, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture care, 12 visits (2x6): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Acupuncture.

Decision rationale: MTUS "Acupuncture Medical Treatment Guidelines" clearly state that "acupuncture is used as an option when pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." The medical documents did not provide detail regarding patient's increase or decrease in pain medication. Further, there was no evidence to support that this treatment would be utilized as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. ODG does not recommend acupuncture for acute low back pain, but "may want to consider a trial of acupuncture for acute LBP if it would facilitate participation in active rehab efforts." The initial trial should be "3-4 visits over 2 weeks with evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.)" There is no evidence provided that indicates the patient received acupuncture before or that the acupuncture sessions are being used as an adjunct to physical rehabilitation or surgical intervention. Additionally, the request for 12 initial sessions is in excess of the recommended trial by ODG. As such, the request Acupuncture care, 12 visits (2x6) is not medically necessary.

Work chair and mouse replacement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter, Ergonomic Interventions.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic), Ergonomic interventions, Durable Medical Equipment (DME) and Exercise Equipment and Other Medical Treatment Guidelines Medicare.gov, durable medial equipment.

Decision rationale: MTUS is silent with regards to work chair and mouse replacement. ODG states "Under study. While results from several studies suggest that multiple component ergonomics programs, alternative keyboard supports, and mouse and tool redesign may be beneficial, none of the studies conclusively demonstrates that the interventions would result in the primary prevention of carpal tunnel syndrome in a working population. (Lincoln, 2000) Microbreaks from repetitive motion jobs show positive, limited evidence. (McLean, 2001) (Genaidy, 1995) (Galinsky, 2000) (Henning, 1997) There is some positive evidence regarding the effect of ergonomic keyboards on pain relief and hand function. (O'Conner-Cochrane, 2003) (Verhagen-Cochrane, 2004) There is limited evidence for the effectiveness of keyboards with an alternative force-displacement of the keys or an alternative geometry. (Verhagen, 2006) A recent study of wrist posture, loading and repetitive motion as risk factors for developing carpal tunnel syndrome, found that frequent flexion (OR 4.4), frequent extension (OR 2.7), and sustained forceful motion (OR 2.6) were associated with CTS, but neutral wrist position and repetitive wrist motion were not associated with CTS. (Fung, 2007) The latest Cochrane review concluded that an ergonomic keyboard significantly reduced pain after 12 weeks but not six weeks, but there was no difference between ergonomic and standard keyboards in hand function at six or 12 weeks or palm-wrist sensory latency at 12 weeks. (O'Connor, 2012)."ODG states regarding durable medical equipment (DME), "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below" and further details "Exercise equipment is considered not primarily medical in nature."Medicare details DME as: durable and can withstand repeated use, used for a medical reason, not usually useful to someone who isn't sick or injured-appropriate to be used in your

home. This request does not meet the definition for DME as described above. There is no ergonomic assessment of this patient's work station provided to indicate the necessity or provided specifics about the items requested. As such, the request for Work chair and mouse replacement is not medically necessary.