

Case Number:	CM14-0172350		
Date Assigned:	10/23/2014	Date of Injury:	11/17/2013
Decision Date:	12/02/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/17/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented employee who has filed a claim for chronic neck pain and tinnitus reportedly associated with an industrial injury of May 7, 1959. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; and work restrictions. In an October 10, 2014 Utilization Review Report, the claims administrator partially approved a request for eight sessions of acupuncture as six sessions of the same while denying a request for a consultation with a hand specialist. The claims administrator incorrectly stated that the MTUS does not address the topic of hand specialist consultation and went on to invoke non-MTUS ODG Guidelines in its denial. The applicant's attorney subsequently appealed. In an October 6, 2014 progress note, the applicant reported ongoing complaints of neck, back, and shoulder pain with associated tinnitus. The applicant was using Motrin for pain relief. The applicant reported issues with memory disturbance. The applicant was given diagnoses of traumatic brain injury, depression, and cognitive deficits. The applicant was placed off of work, on total temporary disability. The attending provider also speculated that the applicant might have issues with chronic regional pain syndrome. It was stated that the applicant had issues with a swollen right wrist. MRI imaging of the lumbar and cervical spines was sought. It was stated that the applicant could consider Botox injection as well. In a progress note dated October 1, 2014, it was stated that the applicant had a triangular fibrocartilage tear of the right wrist. A hand surgery consultation was sought while the applicant was placed off of work, on total temporary disability. 8-10/10 pain was reported. In a September 25, 2014 psychiatry consultation, it was noted that the applicant had multifocal complaints of neck, shoulder, and wrist pain. Eight sessions of acupuncture were sought. It was stated that the applicant had not

had prior acupuncture. A hand surgery consultation was also endorsed. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 visits of Acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: While the MTUS Acupuncture Medical Treatment Guidelines in section 9792.24.1.a.1 and MTUS 9792.24.1.a.3 do acknowledge that acupuncture can be employed for a wide variety of purposes, including for chronic pain purposes, to reduce inflammation, to reduce pain, etc., the eight sessions of treatment proposed here, in and of themselves, represent treatment in excess of the three to six treatments deemed necessary to produce functional improvement in MTUS 9792.24.1.c.1. The attending provider did not furnish any compelling applicant-specific rationale for treatment in excess of MTUS parameters. Therefore, the request is not medically necessary.

Consultation with a hand specialist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Guidelines; regarding; Evaluation and Management Outpatient Visits (Offices).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, page 270, referral for hand surgery consultation is indicated in applicants who have failed to respond to conservative treatment who have clear clinical and/or special study evidence of a lesion which is amenable to surgical correction. In this case, the applicant reportedly has a triangular fibrocartilage tear which has proven recalcitrant to time, medications, physical therapy, observation, other conservative treatments, etc. Obtaining the added expertise of a hand surgeon/hand specialist is therefore indicated. Accordingly, the request is medically necessary.