

Case Number:	CM13-0003149		
Date Assigned:	07/02/2014	Date of Injury:	03/05/2003
Decision Date:	07/30/2014	UR Denial Date:	07/01/2013
Priority:	Standard	Application Received:	07/25/2013

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 Licensed in Chiropractic, has a subspecialty in Acupuncture 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 patient is a 53-year-old male with a date of injury of 3/5/2003. According to the acupuncture progress report dated 11/28/2013, the patient complained of throbbing pain and numbness in his hands. It was noted that it was worse at night and in the morning. The patient noted alternating hot and cold sensation and a propensity to dropping things. His pain was rated at 9/10. Significant objective findings include atrophy in the right thenar, palms appeared to red and hot to the touch, Phalen's sign was positive, and Prayer sign was positive. The patient was diagnosed with carpal tunnel syndrome and limb pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) OUTPATIENT ACUPUNCTURE TREATMENTS 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 Acupuncture Medical Treatment Guidelines States that acupuncture may be extended if there is documentation of functional improvement. Records indicate that the patient completed 4 initial acupuncture sessions. The provider noted that the patient had 50%

improvement of his numbness and tingling and bilateral hand pain with the 4 acupuncture treatments. However, there was no documentation of functional improvement as defined in section 9792.20(f). Therefore, the provider's request for 12 acupuncture treatments is not medically necessary at this time.