

Case Number:	CM13-0009590		
Date Assigned:	03/24/2014	Date of Injury:	05/18/2007
Decision Date:	06/30/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/12/2013

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 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:

This is a 51 year old male who has reported the gradual onset of upper extremity, back, and shoulder symptoms attributed to usual work activity, with a listed date of injury as 5/18/07. The diagnoses include bilateral carpal tunnel syndrome and bilateral cubital tunnel syndrome. The treatment has included surgery, wrist splints, physical therapy, acupuncture, and medications. The initial prescription for acupuncture was on 5/14/13. Per the primary treating physician report of 6/11/13, there was ongoing upper extremity pain, polypharmacy, and "temporarily totally disabled" work status. Per an acupuncture report of 5/21/13, pain was 10/10 and no functional improvement was described. Per an acupuncture progress note of 6/25/13, pain was 9/10 and ongoing. No functional improvement was described. On 7/9/13, UR certified an initial trial of 6 acupuncture visits. On 7/22/13, Utilization Review performed a retrospective review for 7 acupuncture sessions. It was stated that 13 visits had been completed. No additional acupuncture was certified based on lack of functional improvement with the acupuncture already completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO REVIEW: ACUPUNCTURE TREATMENT X 7 SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The prescription for additional acupuncture is evaluated in light of the California MTUS recommendations for acupuncture, including the definition of "functional improvement". The treating physician has not provided the specific indications for acupuncture as listed in the California MTUS. There is no discussion of issues with pain medications, or functional recovery in conjunction with surgery and physical rehabilitation. An initial course of 6 visits was certified per these guidelines. Medical necessity for any further acupuncture is considered in light of "functional improvement". Since the completion of the initial acupuncture visits, the treating physician has not provided evidence of clinically significant improvement in activities of daily living or a reduction in work restrictions. The patient remains on "temporarily totally disabled" status, which is such a profound degree of disability that the patient is largely bedbound and unable to perform basic ADLs. This implies a failure of all treatment, including acupuncture. There is no evidence of a reduction in the dependency on continued medical treatment. No additional acupuncture, including the 7 visits under review, is medically necessary based on lack of functional improvement as defined in the California MTUS.