

Case Number:	CM13-0016308		
Date Assigned:	01/10/2014	Date of Injury:	05/28/2013
Decision Date:	03/19/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/26/2013

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 and 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 injured worker is a 57 year old female who reported bilateral wrist and hand pain related to an industrial injury sustained on 5/28/13. The patient was injured while doing her customary duties/repetitive activities at work. EMG revealed neuropathy involving right median nerve at wrist. The patient was diagnosed with bilateral carpal tunnel syndrome, and left trigger finger. She has been treated with medication, physical therapy, and acupuncture. The patient was re-evaluated after six visits of acupuncture to determine if the care has been beneficial and/or if further treatment is necessary. Per acupuncture progress notes dated 7/29/13, her pain is decreased to 3-4/10, she is able to raise hands overhead, and she has increased tolerance for gripping. She also has decreased pain frequency, and decreased severity of numbness and tingling. The patient continues to be symptomatic, and has refused to proceed with surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

six additional sessions of acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the Acupuncture Medical treatment Guidelines, acupuncture is an option when pain medication is reduced and not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, as well. Guidelines also state that the time to produce functional improvement is 3-6 treatments; treatment may be extended with documentation of this. The patient has had prior acupuncture treatment, but there is a lack of evidence this care was of any functional benefit. Per MTUS guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Though the patient reported symptomatic improvement with prior treatment, there is no assessment in the documentations provided of functional benefits with prior acupuncture care. Per review of evidence and guidelines, six additional acupuncture visits are not medically necessary.