

Case Number:	CM13-0016991		
Date Assigned:	12/11/2013	Date of Injury:	02/01/2013
Decision Date:	03/10/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Licensed in Chiropractic/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 73 year old female who reported bilateral hand, wrist, and arm and shoulder pain from injury sustained on 02/01/13. Injury was caused due to repetitive trauma of 29 years of typing as a secretary. Patient was diagnosed with Carpal tunnel syndrome and shoulder degenerative joint disease. Patient was treated with multiple modalities including acupuncture. Patient was re-evaluated after 18 visits to determine if care has been beneficial and/or if further treatment is necessary. Per notes, initial 6 visits "decreased hand swelling and tingling in forearm". Per notes dated 7/3/13 she reported decreased hand pain. After 18 acupuncture session, patient has both subjective and function improvement in decreased pain, increased grip and reduced swelling. Patient has reached maximum medical improvement with Acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue acupuncture treatment, 1 time a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Expert Reviewer's decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines Page 8-9. "Acupuncture is used as 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". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". After 18 acupuncture session, patient has both subjective and function improvement in decreased pain, increased grip and reduced swelling. Patient has reached maximum medical improvement with Acupuncture. Per UR the request for additional 6 visits is for maintenance which is not medically necessary per guidelines.