

Case Number:	CM13-0019779		
Date Assigned:	11/08/2013	Date of Injury:	05/24/2012
Decision Date:	01/15/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/03/2013

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 30 year old female with a date of injury of 5/24/12. She was diagnosed with bilateral carpal tunnel syndrome and right cubital tunnel syndrome. According to the progress report dated 7/23/13, the patient complained of intensified wrist pain and paresthesia. She also continues to have numbness at night despite wearing a cock up wrist brace. Significant objective findings include bilateral thenar weakness, and positive Tinel's and Phalen's sign bilaterally. She was also positive for the hand shake test on the right. There was evidence that the patient tried acupuncture in the past, but it was discontinued because the electrical stimulation irritated her pain level, and she was pregnant at the time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture bilateral wrists and right elbow 2x4: 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 recommend acupuncture for pain, specifically a trial of 3-6 acupuncture visits with a frequency of one to three times a week over one to two months to produce functional improvement. Acupuncture treatments may

be extended if functional improvement is documented, as defined in section 9792.20(f). The patient has bilateral wrist pain, and had prior acupuncture (it was discontinued due to being pregnant and sensitive to electrical stimulation). It is reasonable to restart acupuncture since the patient is not currently pregnant. However, guidelines recommend a trial 3-6 acupuncture visit. The provider is requesting a total of eight acupuncture sessions which exceeds the recommended guidelines; therefore the request is not medically necessary.