

Case Number:	CM13-0023106		
Date Assigned:	11/15/2013	Date of Injury:	08/20/2012
Decision Date:	01/30/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/11/2013

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 a licensed Doctor of Chiropractic 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 physician 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:

Patient is a 52 year old female who sustained a repetitive strain injury to her neck and thumbs bilaterally on 8/20/12 while performing her duties as a business services representative. The mechanism of injury is verified by the QME report provided in the records to be that of over-use of hand performing office duties. Patient has received treatments of physical therapy, anti-inflammatory medications and 6 sessions of acupuncture to the thumbs bilaterally. The physical therapy treatments were reported by the PTP to be of no benefit. Diagnostic examinations were conducted and included an EMG study, NCV study and F-Wave latency study. All diagnostic tests were negative and within normal limits per the rendering physician's report. Since the patient did receive 6 sessions of acupuncture and reported verbal relief from the therapy the PTP decided to request an additional 6 sessions of acupuncture to the thumbs bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Definition of "Functional Improvement", Page(s): 1. Decision based

on Non-MTUS Citation Official Disability Guidelines (ODG) Acupuncture Guidelines, and the MTUS, Definition of "Functional Improvement", page 1

Decision rationale: ODG Acupuncture Guidelines recommend an "initial trial of 3-4 visits over 2 weeks with evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks." This recommendation is for low back pain and it states the disclaimer: " (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.)" The ODG Pain chapter remains silent with regards to acupuncture treatment for the hands and fingers specifically but for carpal tunnel syndrome (as a specific condition) it states that acupuncture is "not recommended." Functional improvement is defined in MTUS as "either a clinically significant improvement in daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit; and a reduction in the dependency on continued medical treatment." From the records obtained, the physician who performed the acupuncture treatment documented his findings after the initial 4 sessions of care by stating "pain and range of motion on both thumbs have shown good improvement." Since the records reviewed lack any documentation of objective functional improvements the requested additional 6 sessions of acupuncture are found to be not medically necessary.