

Case Number:	CM13-0023954		
Date Assigned:	12/04/2013	Date of Injury:	06/28/2011
Decision Date:	01/24/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified 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 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:

This is a 57 y/o female patient with pain complains of bilateral upper extremities. Diagnoses included sprain of the wrists, status post right carpal tunnel release. Previous treatments rendered: surgery (CTR), oral medication, physical therapy, and work modifications amongst others. As the patient continued significantly symptomatic, with reduced function-ADLs, a request for acupuncture 3x4 was made on 08-12-13 by the PTP. The requested care was modified on 08-19-13 by the UR reviewer to approve six sessions and non-certify six sessions. The reviewer rationale was "acupuncture x12 exceeds the guidelines; a trial of six sessions is supported by the MTUS as medically and necessary. Additional care may be considered with documentation of objective functional improvement".

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 times 12 bilateral hands: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the records reviewed, as the patient continued significantly symptomatic with reduced ADLs, an acupuncture trial for pain management and function

improvement was reasonable and supported by the MTUS. The MTUS note that the number of acupuncture sessions to produce functional improvement is 3-6 treatments. Therefore the six acupuncture sessions approved by the UR reviewer is seen as reasonable, appropriate, within the current guidelines. If further acupuncture care is requested after the trial is completed, its medical necessity will be based on additional functional improvement(s) obtained/documentated following the already approved treatment course.