

Case Number:	CM13-0024459		
Date Assigned:	11/20/2013	Date of Injury:	06/21/2012
Decision Date:	01/10/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/16/2013

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 Physical Medicine and Rehabilitation, 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:

The injured worker was playing tug of war at work during the course of employment as loan service representative. The rope wrapped around his right hand, which is also his dominant hand. EMG/NCS showed bilateral Carpal Tunnel Syndrome (CTS) and ulnar neuropathy with no evidence of radiculopathy. The CT of the right hand indicated minimal osteoarthritis. The orthopedic consult on 4/30/13 revealed a diagnosis of a right hand and wrist sprain, mild right-hand CTS, and a right 4th/5th finger sprain. The recommendation at the time was further conservative care. The injured worker is on modified work with no overhead work as of 7/24/13. Based on the review note, patient had received 40 sessions of acupuncture to date. Hand written notes of multiple office visits did not document hand examination. Subjective pain is level is 9/10- 7/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment twice a week for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: There is lack of documentation of functional improvement, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed as documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment." Subjectively, the patient has not had any improvement with previous acupuncture as the Visual Analog Scale (VAS) has always been around 7-9 out of 10. Furthermore, even if functional improvement is well documented, only 6 sessions of acupuncture are recommended by the guidelines. Therefore, this request for 12 visits does not meet the guideline criteria.