

Case Number:	CM13-0026387		
Date Assigned:	06/09/2014	Date of Injury:	05/30/2012
Decision Date:	11/07/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/19/2013

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 37-year-old female with a date of injury of 5/30/2012. According to the report dated 9/5/2013, the patient complained of persistent dysesthesias emanating for her elbow in both hands. In addition, the patient complained of substantial aching in the left forearm. Significant objective findings include negative Spurling sign, paracervical tenderness, tenderness over the right supra-clavicular fossa, and volar wrist. The cubital tunnel was tender. Phalen and Durkin signs were positive. There was some attenuation in sensation in the ulnar-innervated digits of both hands. Cubital tunnel compression and elbow flexion test were positive bilaterally. The patient was diagnosed with bilateral carpal tunnel syndrome with right ulnar neuropathy and cervical strain/radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture twelve (12) visits cervical spine, bilateral wrists: 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 Guideline states that acupuncture may be extended if there is documentation of functional improvement. The patient received

acupuncture in the past and reported that the treatment was effective. There was no documentation of functional improvement from the prior acupuncture sessions. Therefore, the provider's request for 12 Additional Acupuncture session is not medically necessary.