

Case Number:	CM13-0029014		
Date Assigned:	11/27/2013	Date of Injury:	07/03/2001
Decision Date:	01/29/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Expert Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Expert Reviewer is Licensed in Chiropractic Care and 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Claimant is a 53-year-old who was involved in a work related injury on 7/3/01. She complains of pain in the left hand and there is slight tenderness on her left wrist and diminished grip strength. Her diagnoses are bilateral forearm and wrist tendinitis and bilateral radial tunnel syndrome. She has had extensive acupuncture treatment for her injury. There are 30 visits of acupuncture for the past year. From 1/14/13 to 11/1/13, there is no significant change documented or any restrictions in her work activity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, twice per week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 113..

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The claimant has had extensive acupuncture treatment over the course of her injury. In the last year alone, she has had over 30 treatments of acupuncture. The physician notes that acupuncture helps manage her symptoms but there is no documented functional improvement. There are no limitations documented in her work or activities of daily living. There is no evidence that there is any home exercise program being initiated to decrease

the claimant's dependence on passive treatment. The acupuncture treatments appear to be for pain management and maintenance in the absence of functional goals and deficits. The request for acupuncture, twice per week for six weeks, for the bilateral wrists, is not medically necessary or appropriate.