

Case Number:	CM13-0030229		
Date Assigned:	12/11/2013	Date of Injury:	03/14/2013
Decision Date:	01/31/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/30/2013

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 Orthopedic Surgery and Hand Surgery and is licensed to practice in Texas. 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 patient is a 45-year-old female who reported a work related injury on 03/14/2013, specific mechanism of injury not stated. The patient presents for treatment of the following diagnosis, bilateral wrist tenosynovitis. The clinical note dated 08/26/2013 reports the patient was seen under the care of [REDACTED] for her pain complaints. The provider documents the patient presents for a followup of bilateral wrist tendinitis. The patient reports increasing pain at the elbows, shoulders, and now the shoulder girdle. Clinical note documents physical exam of the patient's wrist reveal full range of motion, pain on grip referred to the lateral epicondyle on the left. The provider documented the patient was instructed to continue Flector patches as prescribed. The patient was referred for additional acupuncture 6 sessions 2 times a week times 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2X3 WEEKS FOR THE BILATERAL WRIST: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The current request is not supported. The clinical documentation submitted for review lacks evidence to support the current request. It is unclear how many sessions of acupuncture treatment the patient has utilized for her bilateral wrist pain complaints, and documentation of efficacy of treatment was lacking in the clinical notes reviewed. Given that California MTUS Acupuncture Medical Treatment Guidelines support 3 to 6 treatments for time to produce functional improvement, the current request is excessive in nature without definitive clarification of how many sessions the patient has utilized to date. Given all the above, the request for acupuncture 2x3 weeks for the bilateral wrists is not medically necessary or appropriate.