

Case Number:	CM13-0033174		
Date Assigned:	04/25/2014	Date of Injury:	03/13/2001
Decision Date:	06/10/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/09/2013

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 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. 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 is a 42 year old female who reported bilateral arm and wrist pain from injury sustained on 3/13/01 due to cumulative trauma. Nerve conduction study of the upper extremity revealed bilateral carpal tunnel syndrome. Patient was diagnosed with bilateral radial tunnel syndrome; bilateral thumb CMC synovitis and instability and status post right medial and lateral extensor origin repair. Patient has treated with medication, physical therapy, splinting, cortisone injection and acupuncture. Per notes dated 5/28/13, patient complains of pain in both arms radiating from the forearm to the hands. Full range of cervical spine, shoulder, elbow and wrist was noted. She has been given acupuncture 4-6 X/month and she feels that this helps. She will continue with the acupuncture which is providing her with some pain relief. Per notes dated 11/12/13, she reports the cortisone injection at her last visit did help her right hand. She has been self procuring acupuncture which she believes helps. Per notes dated 4/1/14, she complains of pain in both forearms greater on the right than the left. Pain at the base of the bilateral thumbs and intermittent pain in right elbow. Notes state that she did receive acupuncture which was of some relief. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake, none of which were documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

12-18 ACUPUNCTURE TREATMENTS FOR THE RIGHT HAND/WRIST, 2 TIMES WEEKLY FOR 6-8 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Furthermore requested visits exceed the quantity of acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake, none of which were documented. Per guidelines and review of evidence, 12-18 Acupuncture visits are not medically necessary.