

Case Number:	CM13-0037669		
Date Assigned:	12/18/2013	Date of Injury:	11/01/2012
Decision Date:	05/21/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/24/2013

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 Board Certified in Family Medicine, and is licensed to practice in Arizona. 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 60-year-old with date of injury on November 1, 2012. The patient has been treated for ongoing cumulative symptoms to the bilateral wrists. The patient's diagnosis is of bilateral carpal tunnel syndrome. Subjective complaints include bilateral wrist and hand pain with tingling into digits. Physical examination of the wrist and hand, including strength testing of discrete muscle groups and range of motion were normal. A negative Phalen's test, Tinel's test, Finkelstein's test, and ulnar grind were reported. X-ray evaluations of the wrists were normal. A July, 2013 electromyography (EMG) was consistent with bilateral carpal tunnel syndrome. Previous treatments include occupational therapy with limited relief, and carpal tunnel splints. Submitted documentation does not indicate the patient had a trial of acupuncture therapy. The submitted request is for six sessions of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE FOR THE BILATERAL WRISTS, TWICE WEEKLY FOR THREE WEEKS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, or may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Duration and frequency of acupuncture is 3-6 treatments to produce functional improvement, with extension of treatment if functional improvement is documented, with "functional improvement" meaning a significant increase in daily activities or reduction in work restrictions, as determined by subjective and objective findings. For this patient, previous acupuncture has not been documented. The request for acupuncture for the bilateral wrists, twice weekly for three weeks, is medically necessary or appropriate.