

Case Number:	CM13-0039568		
Date Assigned:	12/20/2013	Date of Injury:	02/26/2013
Decision Date:	04/10/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/07/2013

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 50 year old female who reported bilateral wrist pain from injury sustained on 2/26/13 due to repetitive motion of data entry. EMG/NCS revealed moderate carpal tunnel syndrome. Patient was diagnosed with carpal tunnel syndrome and tenosynovitis. Patient has been treated with acupuncture as she is unable to tolerate medication. Patient was re-evaluated after 8 visits to determine if care has been beneficial and/or if further treatment is necessary. Per notes dated 9/19/13, patient reported continues pain in right upper extremity. Pain level dropped from 10/10 to 6/10 on the right and left dropped from 10/10 to 4/10. Activities that were extremely difficult to do prior to acupuncture are now moderately difficult. Treating provider requested 8 additional treatments of which 4 were approved by utilization reviewer. Per notes dated 10/14/13, after additional 4 treatments, pain in the right wrist decreased to 4/10 and left wrist to 3/10. On upper extremity functional scale, she decreased from 71/80 to 29/80 after initial 8 treatments and 16/80 after additional 4 treatments. She is working full time without restrictions. Patient reported symptomatic improvement and functional improvement with acupuncture. Patient continues to benefit with care therefore it is reasonable to authorize additional visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE SESSIONS 2 TIMES PER WEEK FOR 4 WEEKS FOR TREATMENT OF THE BILATERAL WRIST: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Expert Reviewer's 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. Patient showed both subjective and functional improvement with acupuncture care. Her pain decreased from 10/10 to 4/10 in the right wrist and from 10/10 to 3/10 on the left wrist. She is working full time with restrictions. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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. Per review of evidence and guidelines, additional acupuncture treatments are medically necessary.