

Case Number:	CM13-0040940		
Date Assigned:	12/20/2013	Date of Injury:	01/12/2011
Decision Date:	02/21/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/29/2013

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 Anesthesiology, Pain Management, and is licensed to practice in Florida. 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 54 year old female who reported an injury on 01/12/2011. The patient is diagnosed as status post right carpal tunnel release. The patient was recently seen by [REDACTED] on 09/30/2013. The patient was status post right carpal tunnel release on 06/19/2013. Physical examination revealed slight bilateral volar swelling of the right upper limb, well healed incision on the right palm at the palmar and median region, positive Tinel's and Phalen's bilaterally, and sensory deficit in the upper extremity bilaterally in the median distribution. Treatment recommendations included 6 sessions of physical therapy and 6 sessions of acupuncture treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, right wrist QTY: 6.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Chapter, Acupuncture

Decision rationale: The California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce improvement includes 3 to 6 treatments with a frequency of 1 to 3 times per week. It was noted on a more recent Primary Treating Physician's Progress Report by [REDACTED] on 11/19/2013, the patient was to continue acupuncture and home exercise. Documentation of a previous course of acupuncture treatment was not provided. Additionally, the Official Disability Guidelines state the existing evidence is not convincing enough to suggest that acupuncture is an effective therapy for carpal tunnel syndrome. Based on the clinical information received, the request for Acupuncture, right wrist is non-certified.

Physical Therapy, right wrist QTY: 6.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

Decision rationale: The California MTUS Guidelines state the initial course of therapy means one-half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following endoscopic carpal tunnel release includes 3 to 8 visits over 3 to 5 weeks. The patient is no longer within the 3-month postsurgical physical medicine treatment period. The patient has previously completed a course of postoperative physical therapy. Documentation of the previous course of therapy with treatment duration and efficacy was not provided. Therefore, ongoing treatment cannot be determined as medically appropriate. As such, the request for Physical Therapy, right wrist is non-certified.