

Case Number:	CM13-0042492		
Date Assigned:	12/27/2013	Date of Injury:	11/27/2012
Decision Date:	04/14/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/18/2013

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 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 39-year-old female who reported bilateral hand and wrist pain from injury sustained on 11/27/12 due to repetitive motion. Patient was diagnosed with bilateral hand pain and post status carpal tunnel release. Patient has been treated with medication, physical therapy before the surgery, carpal tunnel release on right on 5/7/13 and left on 6/14/13; medication. Per notes dated 8/28/13, she continues to have bilateral hand pain, did well with surgery; however, she developed intermittent shocking sensation radiating through the hands. Primary treating physician is recommending an initial course of 8 acupuncture treatment. Per notes dated 10/18/13 patient has ongoing bilateral wrist and hand pain. Numbness and tingling has improved significantly since surgery but pain has become more bothersome. She is doing well with naproxen. She does not have any tenderness to palpation, range of motion is within normal limits, and provocative tests are normal. Patient continues to have pain and is currently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 ACUPUNCTURE SESSIONS FOR THE LEFT HAND 2 TIMES PER WEEK FOR 4 WEEKS AS AN OUTPATIENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: 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 hasn't had prior Acupuncture treatment. Patient has not had any physical therapy post surgery. Per guidelines, acupuncture may be used as an adjunct to physical rehabilitation. In the medical records provided there was no mention of intolerance to medication. Additionally, per guidelines 3-6 treatments are sufficient for initial course to have functional restoration. Per guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.