

Case Number:	CM13-0042940		
Date Assigned:	12/27/2013	Date of Injury:	02/02/2004
Decision Date:	04/22/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/21/2013

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 64 year old female who reported right elbow and bilateral wrist pain from injury sustained on 02/02/04 due to cumulative trauma. Patient is diagnosed with bilateral carpal tunnel release with residuals; left trigger thumb status post release; bilateral deQuervain tenosynovitis. Patient has been treated extensively with medication, physical therapy, acupuncture, multiple injections bilateral carpal tunnel release. Patient was seen for a total of 12 acupuncture visits. Per notes dated 6/6/13 patient continues to complaint of bilateral wrist/hand and thumb pain with numbness and tingling into the fingers. Patient complaints of limited grip strength and was dropping objects. Per notes dated 09/24/13, "patient has reached a plateau with passive and active modalities and still complained of exacerbation of bilateral wrist pain; pain is rated at 7-8/10". Per notes dated 10/31/13, she states that she has pain and weakness above the right elbow as well as pain about both wrists; despite all the treatment she is still having pain. Primary treating physician is recommending 12 additional acupuncture sessions. 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. Patient continues to have pain and remains out of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TWO (2) TIMES A WEEK FOR SIX (6) WEEKS FOR BILATERAL WRISTS/HANDS: 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. 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, the acupuncture treatments are not medically necessary.