

Case Number:	CM13-0043801		
Date Assigned:	12/27/2013	Date of Injury:	02/15/2011
Decision Date:	04/18/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/31/2013

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 41-year-old female who reported bilateral shoulder and wrist pain from an injury sustained on 2/25/11, due to cumulative trauma. The patient was diagnosed with status pose right radial tunnel release, carpal tunnel release, ulnar nerve decompression at the wrist; left carpal tunnel syndrome with probable ulnar compression; left radial tunnel syndrome; bilateral forearm tendinitis; bilateral thumb arc synovitis; trapezial and paracervical strain and status post cervical discectomy and fusion. The patient has been treated with medication, physical therapy, chiropractic surgery and acupuncture. The patient was seen for a total of eight (8) of twelve (12) acupuncture visits. The patient reported symptomatic improvement for the first eight (8) visits, but there was lack of functional improvement. Per acupuncture progress notes dated 05/31/13, patient reported improvement with treatment. The pain was rated 2/10; hand gets numb occasionally, usually when driving her car for a long period of time. Per acupuncture progress notes dated 07/15/13, the patient is feeling good; her forearm pain is 3/10, no pain in the right shoulder; at night she has cramping in her forearm. Per notes dated 11/4/13, she complaints of some pain and weakness in the hands. There is some trapezial and paracervical tenderness. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. The 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; or decrease in medication intake. Patient hasn't had any long term symptomatic or functional relief with acupuncture care.

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: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical treatment Guidelines state, "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". The patient has had prior acupuncture treatment. There is lack of evidence that the prior acupuncture care was of any functional benefit. Additional visits may be rendered if the patient has documented objective functional improvement. The guidelines indicate that 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, twelve (12) acupuncture treatments are not medically necessary.