

Case Number:	CM13-0044607		
Date Assigned:	12/27/2013	Date of Injury:	04/13/2011
Decision Date:	03/17/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/30/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas. 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 47-year-old female who reported an injury on 04/13/2011. The mechanism of injury was noted to be continuous trauma related to her job duties. Her diagnoses include bilateral carpal tunnel syndrome, left dorsal ganglion cyst, bilateral cubital tunnel syndrome, and cervical spine degenerative joint disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 12 sessions of cervical, bilateral wrists, bilateral elbows: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the California MTUS Acupuncture Guidelines, this treatment may be used as an option when pain medication is reduced or not tolerated, and should be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The Guidelines specify that the time to produce functional improvement is 3 to 6 treatments and acupuncture treatments may be extended if functional improvement is documented. The patient

has been noted to have subjective and objective findings related to her bilateral carpal tunnel and cubital tunnel syndrome, and was noted to be participating in physical therapy. Therefore, acupuncture treatment would be supported. However, the request for 12 sessions of acupuncture exceeds the Guideline recommendation of an initial 3 to 6 visits. Therefore, the request for Acupuncture 12 sessions of cervical, bilateral wrists, bilateral elbows is non-certified.