

Case Number:	CM13-0049190		
Date Assigned:	12/27/2013	Date of Injury:	09/20/2010
Decision Date:	05/21/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/07/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 56 year old female who reported neck pain, right shoulder and bilateral wrist pain from injury sustained on 09/20/10. Mechanism of injury is unknown. NCS revealed significant asymmetry of the sensory latency between the median and ulnar nerve. X-rays of the left had revealed no significant abnormalities. Patient was diagnosed with cervical sprain; bilateral carpal tunnel syndrome with post status distal forearm fasciotomy. Patient was treated with carpal tunnel release; medication; physical therapy and acupuncture. Patient was seen for a total of 16 acupuncture visits. Per notes dated 05/01/12, patient is seen for follow-up evaluation of left carpal tunnel syndrome. She was elected to move forward with carpal tunnel release which was cancelled by her insurance carrier. Patient had aortic valve replacement and suffered a stroke few days later. Patient continues to have problems with left hand and has lost strength. Per acupuncture progress notes dated 01/23/13, pain in the right wrist is very low and left thumb has improved. Per notes dated 08/23/13, patient has had 16 physical therapy and 16 acupuncture sessions which she reports has helped. Left wrist pain is more than the right which is aching, sharp. Per notes dated 10/02/13, patient complaints of bilateral wrist pain; left rated at 7-8/10 and right is 2/10. Primary treating physician is requesting additional 8 acupuncture sessions of which the utilization reviewer modified it to 6 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 is on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2 TIMES PER WEEK FOR 4 WEEKS, IN TREATMENT OF THE BILATERAL WRISTS AND RIGHT SHOULDER: 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 a total of 16 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. Additionally, 3-6 treatments are sufficient for functional improvement. The request was modified by the utilization reviewer to 6 of 8 visits which is supported by guidelines. 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 or decrease in medication intake. Per review of evidence and guidelines, 8 acupuncture treatments are not medically necessary.