

Case Number:	CM13-0049649		
Date Assigned:	12/27/2013	Date of Injury:	06/18/2013
Decision Date:	04/18/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/08/2013

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 Licensed in Chiropractics, has a subspecialty in 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:

Claimant is a 62-year-old male who sustained a work related injury on 6/13/2013. Her diagnoses are bilateral De Quervain's tenosynovitis, bilateral wrist flexor tendonitis, ruled out bilateral carpal tunnel syndrome, bilateral lateral epicondylitis, and emotional stress/depression. Prior treatment includes thumb splinting, cortisone shots, occupational therapy, acupuncture and oral medication. The claimant is currently not working. Per a PR-2 dated 10/21/2013, the claimant has numbness and tingling extending from bilateral upper arms to bilateral elbows, and all five digits of the hands, left greater than the right. She has pain in the bilateral fingers, upper arms, shoulders and sometimes to the neck. She has weakness on both hands and the symptoms are constant. Per a PR-2 dated 10/2/2013, acupuncture is stated to be helping alleviating her symptoms. Per an acupuncture report dated 10/10/2013, the acupuncturist states that she has increased strength and endurance with no objective measures.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL ACUPUNCTURE X6 TO BILATERAL WRISTS AND THUMBS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The claimant has had an acupuncture trial. Both the acupuncturist and the primary care provider have stated that acupuncture is helping. However, both failed to document any objective functional improvement associated with her acupuncture visits. Therefore, further acupuncture is not medically necessary.