

Case Number:	CM13-0050193		
Date Assigned:	12/27/2013	Date of Injury:	06/04/2013
Decision Date:	02/28/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/11/2013

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, 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:

The patient is a 37-year-old female with a date of injury of 06/04/2013. According to the progress report dated 10/31/2013, the patient was diagnosed with carpal tunnel syndrome, ulnar nerve lesion, and wrist tenosynovitis. The patient stated that acupuncture was very beneficial. She reports at least 50% less pain than before. Physical findings include negative Phalen's sign on the right wrist, positive Tinel's sign, and tenderness to palpation over the dorsal right wrist. Finkelstein's test was positive on the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for bilateral wrists/hands, 2 times a week for 3 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 Guideline states that acupuncture may be extended if functional improvement is documented as defined in section 9792.20(f). According to the acupuncture progress report dated 10/31/2013, the provider stated that the patient's upper extremity functional scale decrease from 65 to 58, which represents an 11% improvement in the score/function as measured by the disability scale. There was also an

improvement in the patient's activities of daily living as demonstrated by the patient ability to grip and hold objects more tightly compared to the last evaluation. At the last evaluation, the patient was not able to grip as tightly. There was improvement in the patient's right grip strength. The previous grip strength average was 4 lbs. and her current grip strength is 10 lbs. Based on the documented functional improvement obtained from acupuncture treatments; the provider's request for additional acupuncture 2 times a week for 3 weeks to the wrist is medically necessary at this time.