

Case Number:	CM13-0058884		
Date Assigned:	12/30/2013	Date of Injury:	02/15/2012
Decision Date:	03/24/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/27/2013

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 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 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:

Claimant is a 47 year old male who sustained a work related injury on 2/15/2012. His primary diagnoses are carpal tunnel syndrome, wrist strain/sprain, and status post carpal tunnel release. Per a PR-2 dated 10/3/2013, the claimant complains of intermittent moderate achy and throbbing wrist pain bilaterally. The claimant had an acupuncture trial in 2012. There was no subjective or objective improvement from the treatment. Prior treatment includes pre and post surgical physical therapy, acupuncture, oral medication; right wrist surgery, right shoulder surgery, left wrist surgery, and EWST. The current request is for 12 acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3 times a Week x 4 Weeks to Bilateral Wrists: 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 a prior acupuncture trial. However the

provider failed to document functional improvement associated with the claimant's previous acupuncture visits. There is also no documentation stating why acupuncture would have a different result one year later when it had no prior effect according to the medical documentation provided for review. Therefore further acupuncture is not necessary.