

Case Number:	CM13-0059784		
Date Assigned:	12/30/2013	Date of Injury:	07/02/2012
Decision Date:	03/24/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/02/2013

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, 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 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 57-year-old female with a date of injury of 7/02/2012. According to the progress note dated 10/10/2013, the patient complained of bilateral wrist and arm pain. The pain was constant and was rated at 6-7/10. Her objective findings were normal tandem gait, deep tendon reflexes bilaterally +1 in the upper extremity, gripping strength was 4/5 bilaterally, and sensory exam was normal. Neck flexion and extension was 30 degrees with no pain. Her shoulder exam was unremarkable. The patient was diagnosed with wrist joint pain and carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 12 visits for bilateral wrist/hands: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines recommend acupuncture for pain. The guidelines recommend a trial of 3 to 6 treatments with a frequency of 1 to 3 times a week over 1 to 2 months to produce functional improvement. Acupuncture treatment may be extended if functional improvement is documented as defined in section 9792.20(f). The

medical records contain no record of specific acupuncture treatments in the past. Based on the medical records, a current prescription for acupuncture would most accurately be evaluated as an initial trial, for which the guidelines recommend 3-6 visits. The provider's request for 12 acupuncture sessions for the bilateral wrist and hand exceeds the guideline trial quantity; therefore the provider's request is not medically necessary at this time.