

Case Number:	CM13-0061503		
Date Assigned:	12/30/2013	Date of Injury:	03/08/1999
Decision Date:	04/11/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/05/2013

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 Physical Medicine & Rehabilitation 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 49 year old female who reported an injury on 03/08/1999. The surgical history, therapies, diagnostic testing was not provided in the medical records. The mechanism of injury was noted to be repetitive motion injury. The clinical note dated 03/08/2013 noted that the patient had a diagnosis of bilateral carpal tunnel syndrome and had a repetitive motion injury. There was no conservative care documentation noted in the medical records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left wrist acupuncture 1 times 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 265-266, Acupuncture Treatment Guidelines.

Decision rationale: ACOEM states most invasive techniques, such as needle acupuncture and injection procedures, have insufficient high quality evidence to support their use. For optimal care, a clinician may always try conservative methods before considering an injection. Outcomes from carpal tunnel surgery justify prompt referral for surgery in moderate to severe cases, though evidence suggests that there is rarely a need for emergent referral. Thus, surgery should usually

be delayed until a definitive diagnosis of CTS is made by history, physical examination, and possibly electrodiagnostic studies. The medical records' did not provide if surgery had been performed on the diagnosis of carpal tunnel syndrome. Due to the lack of documentation provided the request for acupuncture is non-certified.