

Case Number:	CM13-0062273		
Date Assigned:	12/30/2013	Date of Injury:	04/05/2013
Decision Date:	03/20/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/06/2013

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 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 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 claimant is a 52 year old male who sustained a work related injury on 4/5/2013. Primary diagnoses are wrist strain, right medial neuritis and left carpal tunnel syndrome. The claimant has written an appeal letter stating that he has functional improvement with his acupuncture trial. He states that the acupuncture trial has reduced the frequency and severity of his symptoms. He states that the burning pain and hypersensitive are less intense and frequent. He further states that he is dropping objects less frequently and icing his wrists less frequently. He notices improvements in his daily living such as being able to maintain contact with his steering wheel for longer periods and reposition his hands more easily on the wheel. He is able to hold onto the straps on his commuter train better. He is able to work without restrictions, and he is noticing an increase of symptoms with the absence of acupuncture. Prior treatment includes oral medication, acupuncture, physical therapy, and TENS. Per a PR-2 dated 1/15/2014, the claimant has burning and numbness in the wrists. Computer use, driving and writing increase symptoms of burning. The physician states that acupuncture has helped in reducing the neurogenic and neuropathic symptoms. However, the physician does not document the functional improvement that was submitted by the claimant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture for the right upper extremity (6 sessions): 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 as measured during the history and physical exam, performed and documented as part of the evaluation and management visit. However the provider failed to document functional improvement associated with his acupuncture visits. The claimant has submitted an appeal with his functional improvement achieved with acupuncture. Unfortunately, it has not been documented by his provider in the records provided for review. Therefore, further acupuncture is not medically necessary.