

Case Number:	CM13-0062984		
Date Assigned:	02/05/2014	Date of Injury:	03/29/2013
Decision Date:	06/23/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/09/2013

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 Occupational Medicine 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 44 year old female who has reported the gradual onset of regional symptoms in the head, neck, and upper extremities attributed to office work, with a date of injury listed as 3/29/13. She has been diagnosed with carpal tunnel syndrome, disturbance of skin sensation, headaches, and sprain/strain of her shoulder, forearm, and hand. She has been treated with medications, steroid injections, and work modifications. On 11/18/13 the treating physician noted ongoing symptoms, modified work status, ongoing medications, and prescribed 12 visits of acupuncture. On 11/26/13, Utilization Review certified 6 of 12 requested acupuncture visits, noting the MTUS recommendations for an initial trial of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE SESSIONS TWO (2) TIMES PER WEEK FOR SIX (6) WEEKS:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The prescription for acupuncture is evaluated in light of the California MTUS recommendations for acupuncture. Per the California MTUS, acupuncture is used as an

option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The treating physician has not provided the specific indications for acupuncture as listed in the California MTUS. There is no discussion of issues with pain medications, or functional recovery in conjunction with surgery and physical rehabilitation. An initial course of acupuncture is 3-6 visits per the California MTUS. The prescription is for 12 visits, which exceeds the quantity recommended in the California MTUS. An initial course of acupuncture is not medically necessary based on a prescription which exceeds the quantity recommended in the California MTUS, and lack of specific indications per the California MTUS.