MAXIMUS Federal Services

Case Number:	CM13-0063567		
Date Assigned:	03/24/2014	Date of Injury:	04/19/2012
Decision Date:	05/26/2014	UR Denial Date:	11/04/2013
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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 46-year-old female who reported an injury on 04/19/2012. The injury reportedly occurred when she turned to walk away and struck her left wrist on the register. Her diagnoses include right wrist de Quervain tenosynovitis, right elbow lateral epicondylitis, right forearm spasm, and right mild to moderate carpal tunnel syndrome. Her previous treatments were shown to include physical therapy, wrist bracing, and medications. A request for authorization for acupuncture x12 visits was submitted on 10/28/2013. At her 10/23/2013, it was noted that the injured worker complained of right upper extremity pain and her physical examination findings included a positive Finkelstein's test, coolness of her digits, positive Tinel's sign, positive carpal tunnel compression test, positive Phalen's test, and a decreased capillary refill to all digits of the right hand. She was also noted to have tenderness to palpation diffuse around the forearm and over the lateral epicondyle. A recommendation was made for acupuncture based on the injured worker's decreased blood flow to the right upper extremity. Her most recent progress report provided was dated 01/15/2014, and indicated that the injured worker complained of mild left elbow pain, and her physical examination findings included tenderness to palpation at the lateral epicondyle and a positive cozen's test. Her diagnoses were listed as left lateral epicondylitis and left wrist tenderness, and a recommendation was made to continue therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERAPY: ACUPUNCTURE TO RIGHT HAND TIMES TWELVE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the CA MTUS Acupuncture Guidelines, acupuncture may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery when pain medication is reduced or not tolerated. The guidelines also indicate that acupuncture may be used to reduce pain or inflammation, increase blood flow or range of motion, or to decrease the side effects of medication-induced nausea. When indicated, a trial of acupuncture, 3 to 6 treatments, should be completed prior to continuing with acupuncture treatments. As the injured worker was shown to have decreased blood flow to her left upper extremity on 10/23/2013, an initial trial of acupuncture may have been warranted to address this issue, as well as her functional deficits and left upper extremity pain. However, the request for 12 treatments exceeds the guideline's recommendations for initial 3 to 6 treatments. Further, her more recent progress reported failed to show any evidence of current objective functional deficits or issues with decreased blood flow to warrant acupuncture treatment. Based on the above information, the request is not supported. As such, the request for Acupuncture to right hand times twelve is not medically necessary.