

Case Number:	CM13-0065534		
Date Assigned:	01/03/2014	Date of Injury:	09/22/2009
Decision Date:	06/27/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/13/2013

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 Acupuncture, has a subspecialty in Addiction and Detoxification and is licensed to practice in New York. 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 applicant is a female employee who has filed a claim for an injury to her bilateral upper extremities. The incident occurred on 9/22/09 where the mechanism of injury is not specified in the records reviewed. As per the most recent notes provided by the treating physician, dated 10/22/13, she continues to suffer with bilateral upper extremity including the right hand, aching pain associated with numbness and tingling. Current diagnosis is bilateral upper extremity overuse tendinitis and carpal tunnel syndrome. The physician states the applicant is not attending any therapy at this time and working on modified duty with restrictions. The right wrist reveals a positive Tinel's sign. Since the incident, the applicant's treatment consists of, but not limited to orthopedic, occupational therapy, previous acupuncture care, physical therapy and rehabilitation, pain and anti-inflammatory medication. The applicant is post-status carpal tunnel release surgery on 3/10/10. Diagnostically, multiple MRIs, X-rays, and electro-diagnostic nerve conduction studies performed. In the utilization review report, dated 11/22/13, the UR determination was unable to approve these eight additional acupuncture sessions in light of "functional improvement", defined by MTUS guidelines whereby the physician advisor stated there was no clear objective findings that demonstrate the patient's positive functional response to the previous acupuncture treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT ACUPUNCTURE THERAPY SESSIONS FOR THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Evaluating a request for additional acupuncture is based on the MTUS recommendations for acupuncture, which includes the definition of "functional improvement". The applicant received an initial round of acupuncture care of an unspecified amount of visits approved based on these guidelines. Medical necessity for any further acupuncture treatments is in light of "functional improvement". After combing through provided medical records it is evident, the treating physician neglected to provide clinically significant improvement in the applicant's daily living or a reduction in work restrictions. Therefore, these additional eight sessions of acupuncture therapy is not medically necessary based on the lack of functional improvement, as defined by MTUS. Furthermore, if the current acupuncture prescription were to be considered an initial trial, the MTUS recommends 3-6 visits as time allowed to produce functional improvement, thus exceeding this recommendation as such the request is not medically necessary.