

Case Number:	CM13-0067604		
Date Assigned:	01/03/2014	Date of Injury:	08/14/2012
Decision Date:	04/01/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is a licensed Chiropractor, has a subspecialty in 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 physician 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 42-year-old injured worker with a date of injury of 8/14/2012. According to the progress report dated 12/2/2013, the patient complained of upper back, right wrist, and right hand pain. The upper back pain is constant and moderate. The pain radiates to the bilateral upper extremities to the level of the shoulders. There was no numbness and tingling. The right wrist and hand pain was mild to moderate. The patient noted weakness with gripping and grasping. Significant objective findings include tenderness in the upper trapezius, rhomboids, and suboccipitals bilaterally. There was tenderness of the spinous process from C4 through C6. The patient exhibited limited range of motion in the cervical spine due to pain. Examination of the right wrist and hand revealed no instability, no laxity, no ecchymosis, no abrasion, no inflammation, no lacerations, and no surgical scars. There was tenderness over the radiocarpal joint. Phalen's, Finkelstein's, and Carpal Tinel's test were positive. The patient was diagnosed with cervical spine sprain/strain, cervical radiculitis, cervical spine disc protrusions, myospasms, right hand/wrist sprain/strain, and carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of acupuncture for the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guideline states that acupuncture may be extended if there is documentation of functional improvement. The patient reported acupuncture, medications, and home therapy units help decrease her pain temporarily. She was able to do more activities of daily living. There was no documentation of objective functional improvement with the provided records. The request for 12 acupuncture sessions to the right wrist is not medically necessary and appropriate.