

Case Number:	CM13-0069006		
Date Assigned:	01/03/2014	Date of Injury:	06/05/2010
Decision Date:	04/01/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/20/2013

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 physician reviewer is Board Certified 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 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 injured worker is a 67-year-old female who reported low back, upper extremity and lower extremity pain from injury sustained on 6/5/10. The patient sustained the injury when the bicycle she was riding slid onto gravel, throwing her to the ground. The patient was diagnosed with bilateral carpal tunnel syndrome, lumbar radiculopathy, left shoulder internal derangement, right distal fibular fracture, and right ankle derangement. The patient has been treated with medication, physical therapy, chiropractic and acupuncture of the right ankle. The primary treating physician is recommending twelve (12) acupuncture sessions for the right wrist. Per the notes dated 10/3/13, the patient complains of left shoulder pain, lumbar spine, right ankle and right forearm pain; the examination did not reveal functional deficit or comprehensive wrist examination. Per the notes dated 11/14/13, the patient states that she is losing her balance; she continues to have pain in the right wrist; and she experiences numbness and tingling in all fingers in the right hand. The patient continues to have pain and flare-ups.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) acupuncture therapy sessions for the right wrist between 11/22/2013 and 1/6/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines indicate that "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". The guidelines also indicate that "Time to produce function improvement: 3-6 treatments. 2) Frequency:1-3 times per week. 3) Optimum duration:1-2 months. Acupuncture treatments may be extended if functional improvement is documented". The patient has not had any prior acupuncture treatment. The guidelines indicate that three to six (3-6) treatments are sufficient for an initial course of acupuncture to gain functional improvement. Acupuncture is used as an adjunct to physical rehabilitation; however, in the medical records provided there was lack of documentation on concurrent physical rehabilitation efforts. Additional visits may be rendered if the patient has documented objective functional improvement. The guidelines indicate that "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." According to the guidelines and review of evidence, twelve (12) acupuncture visits are not medically necessary.