

Case Number:	CM13-0069118		
Date Assigned:	02/07/2014	Date of Injury:	02/01/2013
Decision Date:	06/02/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/20/2013

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 licensed in Chiropractic, 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 injured worker is a 52 year old female who reported bilateral wrist pain from injury sustained on 2/1/13 due to repetitive use. MRI of the right wrist revealed ganglion cyst at the Final Determination Letter for [REDACTED] volar aspect of the radial styloid. Patient has been diagnosed with dequervain's tenosynovitis on the right; bilateral thumb trapezial metacarpal synovitis and bilateral basilar thumb soft tissue foreign body. Patient was treated with medication; physical therapy; cortisone injection and acupuncture. Patient was re-evaluated after 12 visits to determine if care has been beneficial and/or if further treatment is necessary. Patient reported symptomatic improvement for the first 6 visits but lack of functional improvement. Per notes dated 08/27/13, patient complains of persistent moderate pain of the right wrist at the volar radial aspect. Per notes there is essentially no improvement. There is moderate tenderness on the volar radial aspect of the wrist. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient hasn't had any long term symptomatic or functional relief with acupuncture care.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2 TIMES PER WEEK FOR 3 WEEKS BILATERAL THUMB/NOT MEDICALLY APPROVED BY PHYSICIAN ADVISOR: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 8-9. "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". "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". Patient has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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. Per review of evidence and guidelines, 2x3 acupuncture treatments are not medically necessary.