

Case Number:	CM13-0071275		
Date Assigned:	01/08/2014	Date of Injury:	06/01/2011
Decision Date:	05/29/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/27/2013

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 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 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 48 year old female who reported bilateral wrist and low back pain from injury sustained on 06/01/11 due to repetitive use. EMG/NCS revealed severe chronic carpal tunnel syndrome. MRI of the lumbar spine revealed straightening of spine; disc desiccation at L1-L2 and diffuse disc protrusion. MRI of the left wrist revealed ganglion cyst and dorsal bursa effusion at radiocarpal joint. MRI of the right wrist revealed subcondral cyst at head of 4th metacarpal and small cyst at lunate and hamate. Patient was diagnosed with bilateral wrist tenosynovitis and carpal tunnel syndrome. Patient has been treated with medication; physical therapy; injections and acupuncture. Patient was re-evaluated after 12 visits to determine if care has been beneficial and/or if further treatment is necessary. Per notes dated 12/16/13, patient complaints are of increased pain in bilateral wrists associated with numbness, left side greater than right. Pain is rated at 6-7/10 with medication and therapy. She is currently working on light duty. Per notes dated 01/09/14, she complained of pain in both wrists associated with numbness and weakness. She notes increased pain at night. She states that medication helps alleviate her pain and improves range of motion. Per notes, "the patient is in the chronic phase of treatment; she has shown improvement in terms of pain along with objective improvement in terms of tenderness". 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: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Functional Improvement. Page(s): 8-9.

Decision rationale: Per MTUS 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, 6 acupuncture treatments are not medically necessary.