

Case Number:	CM14-0000225		
Date Assigned:	01/17/2014	Date of Injury:	09/14/2013
Decision Date:	06/20/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/02/2014

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, 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:

This is a 27-year-old patient with right wrist pain complains. Diagnoses included right flexor carpiradialis tendinitis and right carpal tunnel syndrome. Previous treatments included: oral medication, physical therapy, and work modifications amongst others. As the patient was symptomatic, a request for an acupuncture trial x12 was made on November 6, 2013 by the PTP. The requested care was denied on December 11, 2013 by the UR reviewer.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2 TIMES A WEEK FOR 6 WEEKS FOR THE RIGHT WRIST: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care (physical therapy, oral medication, work modifications and self care) an acupuncture trial for pain management would have been reasonable and supported by the Acupuncture Medical Treatment Guidelines. The current mandated guidelines note that the amount to produce

functional improvement is three to six treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. The PTP (primary treating physician) requested initially twelve sessions, which is significantly more than the number recommended by the guidelines and did not document any extraordinary circumstances. The request for acupuncture for the right wrist, twice weekly for six weeks, is not medically necessary or appropriate.