

Case Number:	CM14-0001532		
Date Assigned:	01/22/2014	Date of Injury:	09/01/2010
Decision Date:	06/06/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/04/2014

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 Physical Medicine & Rehabilitation 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 47 year-old patient sustained an injury on 9/1/10. The patient is s/p left carpal tunnel release on 4/12/12 and right carpal tunnel release on 10/18/12. Conservative care has included physical therapy, medications, modified activities. Report of 12/13/13 from the provider noted patient with continued chronic bilateral upper extremity pain; symptoms of depression and anxiety. Exam noted patient alert, oriented; normal non-analgesic gait. Clinical diagnoses included carpal tunnel syndrome; Tenosynovitis of hand/wrist; and Chronic pain. Medications list Methadone, Ketamine, Docusate sodium, Lyrica, Tizanidine, Protonix, Glipizide, Aspirin, and Lantus. It appears from medication list the patient has past history of Diabetes Mellitus.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE ONCE (1) A WEEK FOR TWELVE (12) WEEKS, BILATERAL HANDS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective

functional improvement. Submitted reports have not demonstrated the medical indication to support 12 sessions of acupuncture outside guidelines criteria. Acupuncture has been utilized to assist during the transition from acute to chronic; however, the patient sustained injury to the upper extremity in September 2010 and has received significant therapy pre and post shoulder carpal tunnel release. The patient continues with unchanged chronic pain and clinical findings are without neurological deficits identified on medical reports. Submitted reports have not demonstrated any failed conservative treatment trial. There is also no specific conjunctive physical therapy plan or exercise program proposed along with acupuncture treatment requested as part of the functional restoration process for this chronic injury of 2010. There is also no evidence based studies showing benefit or efficacy of acupuncture treatment for diagnoses of carpal tunnel syndrome. The acupuncture once (1) a week for twelve (12) weeks is not medically necessary and appropriate.