

Case Number:	CM14-0004532		
Date Assigned:	01/24/2014	Date of Injury:	01/27/2013
Decision Date:	06/09/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/13/2014

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 licensed in Acupuncture, has a subspecialty in Addiction Detoxification and is licensed to practice in New York. 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 applicant is a represented male, employed as a restaurant manager for [REDACTED] who has filed a claim for an industrial injury causing severe neck pain (7/10) radiating bilaterally to the shoulders, wrists and hands. The applicant is diagnosed with bilateral Carpal Tunnel Syndrome and a request for Carpal Tunnel release surgery has been submitted. The documented date of injury is 1/27/13. Since this incident, the applicant received conservative treatments consisting of pain and anti-inflammatory medications, electric stimulation, EMG/NCV electrodiagnostic studies, bilateral wrist supports, and physical therapy. The applicant has had multiple MRI's of the bilateral wrists and hands in August and September of 2013 and due to the pain has been off work until at least 1/8/14. To date, it is unclear if the applicant is on modified duty or continuing off work. Apparently, on 12/31/13, the applicant had an initial consult with the acupuncturist indicating constant, sharp pain in the neck, radiates bilaterally to shoulders, elbows, wrists and hands with numbness and tingling.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE FOR BILATERAL UPPER EXTREMITIES 1X4: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter Pain, Suffering and the Restoration Of Function, Page 114 and the Acupuncture Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It is evident the applicant with his current course of treatment has not seen great results. Considering the applicant is obviously in a lot of pain, it is reasonable to consider this new request of an initial course of acupuncture treatment. Based on California MTUS, section 9792.24.1, acupuncture helps to reduce pain and inflammation and reduce muscle spasms, these four sessions of acupuncture spread over four weeks for this applicant is medically necessary.