

Case Number:	CM14-0006500		
Date Assigned:	03/03/2014	Date of Injury:	05/30/2010
Decision Date:	06/30/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/17/2014

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, 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 female employee who has filed an industrial claim for bilateral wrist pain and radiculopathy with numbness and tingling. Additionally, the applicant suffers with left shoulder pain. The applicant's diagnosis is bilateral carpal tunnel syndrome, other unspecified peripheral neuropathy, unspecified reflex sympathetic dystrophy, and left shoulder impingement syndrome with a superior labrum tear. The applicant is status-post bilateral carpal tunnel release surgery and left carpal tunnel revision conducted on 9/10/12 with residual neurological symptoms. The injury occurred on 5/30/10 while cleaning a sofa bed; the mattress mechanism got stuck and then abruptly opened on both the applicant's hands. Treatment to date includes, but is not limited to chiropractic care, physical therapy, a TENS unit for home use, and anti-inflammatory medication. Diagnostic exams include an MRI of her left wrist and left shoulder, and EMG/NCV studies. As per the treating physician on 5/30/13, the applicant is permanent and stationary with modified duty restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE VISITS OF ACUPUNCTURE FOR THE BILATERAL WRISTS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Medical Treatment Guidelines recommend acupuncture to be used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Guidelines recommend an initial trial of 3-6 visits of acupuncture; further acupuncture, beyond an initial trial depends upon functional improvement. There is no clinical data provided by the treating physician regarding a decrease or intolerance to her medication, or recent involvement in a physical rehabilitation program or a surgical intervention recently. Therefore, given the MTUS guidelines for acupuncture care and including the fact that the initial trial is quantifiably less than twelve visits, the original request is not medically necessary.