

Case Number:	CM14-0007093		
Date Assigned:	02/12/2014	Date of Injury:	08/03/2009
Decision Date:	07/11/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/15/2014

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 Occupational Medicine, 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 patient is a 50-year-old female who has submitted a claim for carpal tunnel syndrome, cubital tunnel syndrome, cervical strain, and right wrist and elbow pain, all associated with an industrial injury date of 8/3/09. Medical records from 2/7/13 to 12/16/13 were reviewed, which showed that the patient complained of chronic neck, right shoulder, elbow, and left hand pain. There is radiation of elbow pain to the hand. Physical examination showed limited range of motion of the cervical spine. Reflexes were normal. There was reduced strength in the right triceps and wrist flexors. The patient is unable to flex her right wrist without shoulder abduction and internal rotation. Altered sensation over the median and radial nerves on the right was noted. Treatment to date has included medications, acupuncture, chiropractic therapy, and steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED ACUPUNCTURE 1 VISIT PER WEEK X 4 WEEKS, THEN 1 VISIT EVERY OTHER WEEK FOR 4 VISITS (TOTAL OF 8 VISITS), CERVICAL SPINE, RIGHT UPPER EXTREMITY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Acupuncture Medical Treatment Guidelines recommend acupuncture as an option when pain medication is reduced or not tolerated, or as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, and reduce muscle spasms. The time to produce functional improvement is 3-6 treatments at a frequency of 1-3 times per week over the course of 1-2 months. In this case, there were no VAS scores and physical examination findings showing progression of symptoms. The patient had unknown number of previous acupuncture sessions since 2012; however, there was no documentation of overall pain improvement and functional gains. There was also no objective evidence of failure of conservative management to relieve pain. Moreover, it is not clear whether the patient is enrolled in a physical rehabilitation program where acupuncture would be used as an adjunctive treatment. The medical necessity has not been established at this time.