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| Case Number: | CM14-0009813 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 10/24/2011 |
| Decision Date: | 09/05/2014 | UR Denial Date: | 01/24/2014 |
| Priority: | Standard | Application Received: | 01/27/2014 |

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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 44 year old female with a work injury dated 10/24/11. The diagnoses include cervical spine radiculopathy and carpal tunnel syndrome. Under consideration is a request for acupuncture 2 x 3 for the wrist. There are only 3 handwritten documents to review that appear to be from acupuncture. There is one dated 1/3/14 that states that the patient has neck and shoulder pain with painful upper trapezius muscles and limited neck range of motion to the right. There is inner forearm pain with pain from the elbows to the wrists and hand. A 1/10/14 document indicates that she has pain on the left inner wrist 8/10. There is right forearm, and right anconeus pain. There is trapezius pain and headaches. There is a positive Phalen's test. The left hand had decreased grip strength. Bilateral biceps and triceps strength were 5/5. Prior utilization review states that the attending physician felt that acupuncture may provide some cervical Spine radiculopathy benefit and may "prevent" neck surgery. As of 1/23/14 the patient had 36 acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2X3 FOR THE WRIST /DENIED BY PHYSICIAN ADVISOR: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines state that the time to produce functional improvement: 3 to 6 treatments. The documentation submitted reveals that the patient has had at least 36 acupuncture sessions without documentation of functional improvement or improvement in pain. The request for Acupuncture 2 x 3 for the right wrist (denied by physician advisor) is not medically necessary.