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| Case Number: | CM14-0105097 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 05/10/2013 |
| Decision Date: | 10/23/2014 | UR Denial Date: | 06/27/2014 |
| Priority: | Standard | Application Received: | 07/08/2014 |

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 Chiropractic and Acupuncture, 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 injured worker is a 35 year old female who reported bilateral wrist and neck pain from injury sustained on 05/10/13 due to repetitive trauma. Electrodiagnostic studies revealed mild right carpal tunnel syndrome. Patient is diagnosed with carpal tunnel syndrome and cervical radiculopathy. Patient has been treated with medication, physical therapy and acupuncture. Per medical notes dated 04/02/14, patient complains of multilevel neck pain. Examination revealed minimal tenderness of the cervical spine paraspinal muscles with full range of motion. Per medical notes dated 05/10/14, patient complains of pain over the thumb, index finger, dorsal hand and 3rd and 4th metacarpal bones. Examination revealed swelling over the thumb with tenderness to palpation. Patient has had extensive acupuncture treatments. Provider is requesting additional 12 acupuncture treatments which were denied by the utilization reviewer. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Therapy sessions # 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (Carpal Tunnel Syndrome)>, <Insert Topic (Acupuncture)>

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has had extensive acupuncture treatment. Provider is requesting additional 12 acupuncture treatments. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Requested visits exceed the quantity supported by cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Furthermore, Official Disability Guidelines do not recommend acupuncture for carpal tunnel syndrome. Per review of evidence and guidelines, additional 12 acupuncture treatments are not medically necessary.