

Case Number:	CM14-0106341		
Date Assigned:	07/30/2014	Date of Injury:	01/06/2013
Decision Date:	10/01/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/09/2014

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, has a subspecialty in 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 50 year old female who reported right hand and wrist pain from injury sustained on 01/06/13 from pulling a cart while working as a luxury suites server. Right hand X-rays were unremarkable. MRI of the right hand and right wrist was unremarkable. MRI of the right shoulder revealed minimal subacromial and subscapularis bursitis otherwise unremarkable. MRI of the cervical spine revealed multilevel diffuse disc protrusion. Patient is diagnosed with right De Quervain's syndrome, right wrist sprain/strain and right wrist tenosynovitis. Patient has been treated with right thumb release and right thumb digital block, medication and therapy. Per medical notes dated 03/28/14, patient complains of constant moderate, dull, sharp, stabbing right wrist pain with heaviness and cramping. Patient complains of occasional to moderate stabbing, throbbing right hand/ thumb pain, with stiffness, tingling, cramping radiating to wrist, arm and shoulder. Per medical notes dated 05/20/14, patient complains of constant moderate achy, sharp, wrist pain and hand pain radiating to the right hand with numbness and tingling, aggravated by grabbing/ grasping and gripping. Provider is requesting initial course of 1X12 acupuncture treatments which exceed the quantity recommended by cited guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture once a week for 12 weeks for Right Wrist: 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 (Hand/wrist and forearm pain)>, <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 not had prior Acupuncture treatment. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Furthermore Official Disability Guidelines do not recommend acupuncture for hand/wrist and forearm pain. Per guidelines and review of evidence, 1X12 Acupuncture visits are not medically necessary.