

Case Number:	CM14-0106764		
Date Assigned:	07/30/2014	Date of Injury:	05/30/2013
Decision Date:	09/09/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/10/2014

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 57 year old female who reported right wrist pain from injury sustained on 05/30/13. She was in the process of packing and sorting items when a 30 pound box suddenly fell and struck her directly on the right hand/fingers. EMG/NCS of the upper extremity is normal. X-rays of the right wrist is unremarkable. MRI of the right wrist (12/19/13) is unremarkable. Patient is diagnosed with right wrist sprain/strain, right carpal tunnel syndrome, right de Quervain's syndrome and status post fracture of right wrist. Patient has been treated with medication, therapy and acupuncture. Per utilization review, patient has had 19 acupuncture treatments. Per medical notes dated 05/28/14, patient complains of activity dependent mild 3/10 to moderate 7/10 right wrist pain with numbness, tingling, swelling with radiation to the forearm along with weakness. Examination revealed decreased range of motion of the right wrist. Primary physician is requesting additional 2-3X6 acupuncture treatments. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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 2-3 times per week for 6 weeks for the right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: "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 19 acupuncture treatments to date per utilization review. There is lack of evidence that prior acupuncture care was of any functional benefit. 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. 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 or hand/wrist pain. Per review of evidence and guidelines, 2-3 X6 acupuncture treatments are not medically necessary.