

Case Number:	CM14-0014921		
Date Assigned:	02/28/2014	Date of Injury:	08/27/2008
Decision Date:	06/27/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/06/2014

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 Acupuncture, has a subspecialty in Addiction Detoxification and is licensed to practice in New York. 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 applicant is a female employee who has filed an industrial claim for bilateral carpal tunnel syndrome and as of 11/18/13, where her complaints consist of a "flare-up" occurring causing burning pain in the left shoulder, both elbows and both forearms. The injury occurred on 8/27/08 and the mechanism is not provided. Treatment to date, has included but is not limited to, physical therapy, prior fifteen acupuncture sessions, electro-diagnostic nerve conduction studies, and received topical and oral pain and anti-inflammatory medication. cortisone injections, physical therapy, tens unit for home use, and anit-inflammatory medication. Diagnostic exams include an MRI of her left wrist and EMG/NCV studies. Applicant's work status is unchanged as permanent and stationary status. In the utilization review report, dated 1/14/14, the UR determination did not approve the nine sessions of acupuncture requested, but modified this request to six visits in light of "functional improvement", as defined by MTUS guidelines. The physician advisor referred to the progress notes, dated 1/7/14 where it states the patient wishes to continue acupuncture since after the previous three sessions ending in December 2013, she has had decreased burning and tingling bilaterally in her hands, and wrists and has improved gripping tolerance. The advisor modified the original request from nine sessions to six based on the applicant's statement and MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

9 ACUPUNCTURE SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Additional acupuncture care is evaluated utilizing the MTUS guidelines for acupuncture, including the definition of "functional improvement". This applicant has received at least fifteen previously approved acupuncture sessions. This current request is for an additional nine acupuncture sessions and is considered based on "functional improvement" of the applicant. After combing through provided medical records it is evident, the treating physician neglected to provide clinically significant improvement in the applicant's daily living or a reduction in work restrictions. Her work status is unchanged; permanent and stationary. The treating physician has referred to improvements in function, but has not provided specific measures of any function. Improvement must be "clinically significant". Furthermore, if the current acupuncture prescription were to be considered an initial trial, the MTUS recommends 3-6 visits as time allowed to produce functional improvement. In light of functional improvement, and quantifiably exceeds the recommended number of visits, as defined by MTUS, this request for nine acupuncture sessions is not medically necessary.