

Case Number:	CM14-0019223		
Date Assigned:	04/21/2014	Date of Injury:	08/18/2012
Decision Date:	07/02/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/14/2014

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 Chiropractic, 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 patient is a 58 year old female with a date of injury of 8/18/2012. According to the progress report dated 1/23/2014, the patient complained of left hand pain, numbness and tingling, and weakness in the left arm. The patient stated that the left wrist pain radiates up to the left shoulder, neck, and chest area. Significant objective findings include bilateral wrist tenderness, no swelling, and positive Tinels/Phalens on the left. The patient was diagnosed with bilateral carpal tunnel syndrome, left upper extremity radiculopathy, and status post right carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE QTY: 6.00: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Guidelines states that acupuncture may be extended if there is documentation of functional improvement. According to the medical records provided for review, the patient has completed 12 acupuncture treatments between 10/23/13 and 1/8/2014. The patient was allowed to return to regular work on 1/23/2014. According to the acupuncture progress noted dated 1/08/2014, the patient stated that every day after work, she

feels a lot of pain and discomfort. Due to the fact that the patient returned to work and experienced a flare up of her symptoms, additional acupuncture is considered medically necessary at this time, based on documentation of functional improvement from prior acupuncture care.