

Case Number:	CM14-0112228		
Date Assigned:	08/01/2014	Date of Injury:	03/12/2013
Decision Date:	09/11/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/17/2014

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 45 year old female who reported neck, low back and bilateral wrist pain from injury sustained on 03/12/13. MR Arthrogram of the left wrist revealed 2 small cysts localized to the capitates and single cyst of the hamate noted. Electrodiagnostic imaging revealed bilateral carpal tunnel syndrome and right ulnar neuropathy. MRI of the lumbar spine revealed multilevel disc bulge. MRI of the cervical spine revealed multilevel disc protrusion. Patient is diagnostic with C4-5 and C5-6 discogenic neck pain with radiculopathy; L2-3 discogenic back pain with radiculopathy and carpal tunnel syndrome. Patient has been treated with medication, therapy and acupuncture. Per medical notes dated 04/04/14, she would like to undergo carpal tunnel release on the left which has been authorized. Examination revealed tenderness with range of motion at interphalangeal (IP) and metacarpophalangeal (MP) joints of all fingers and decreased sensation over medial nerve distribution bilaterally. Per medical notes dated 04/30/14, patient complains of intermittent to frequent mild to moderate sharp, stabbing right wrist pain with stiffness, heaviness and numbness radiating to fingers with numbness and tingling aggravated by sudden or repetitive movements. She complains of occasional to intermittent mild to moderate dull, achy, sharp, throbbing left wrist pain, heaviness and numbness radiating to fingers with numbness and tingling and weakness associated with sudden or repetitive movement. Provider is requesting additional 4-8 acupuncture treatments with infrared therapy. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

4-8 additional Acupuncture with infrared therapy bilateral wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome; Neck and Upper Back; Acupuncture.

Decision rationale: According to the California MTUS Acupuncture Medical treatment Guidelines, "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; frequency: 1-3 times per week; optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has had prior acupuncture treatment. 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. Infrared therapy is not supported by guidelines. Furthermore, Official Disability Guidelines do not recommend acupuncture for carpal tunnel syndrome or neck pain. Per review of evidence and guidelines, additional 4-8 acupuncture treatments with infrared therapy, bilateral wrists are not medically necessary.