

Case Number:	CM14-0112590		
Date Assigned:	09/18/2014	Date of Injury:	12/06/2013
Decision Date:	10/21/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/18/2014

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 Family Practice, and is licensed to practice in Texas and Mississippi. 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 23-year-old who reported injury on December 6, 2013; while working, she felt tingling and numbness to the right hand. The injured worker complained of the numbness and tingling to the index, middle, and ring finger. The injured worker had a diagnosis of carpal tunnel syndrome to the right. The diagnostics included an electromyogram and a nerve conducted velocity study of the right extremity done on December 6, 2013 that revealed moderate median sensor motor neuropathy on the right. The past treatments included at least 6 visits of occupational therapy and medication. The medications included Adderall XR. The objective findings, dated November 1, 2013, of the upper extremity revealed full range of motion, Negative Tinel's at the wrist and elbow bilaterally, Positive Phalen's bilaterally at 30 second bilaterally, negative radial tunnel bilaterally, no tenderness to palpate at the epicondyle medial and lateral, tenderness to palpate flexor tendon mid forearm right only, grip strength bilaterally equally, and tenderness to palpate at the distal triceps attached on the right. The treatment plan included 6 additional acupuncture treatments. The Request for Authorization dated September 18, 2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of acupuncture for the right CTS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines indicate that acupuncture is used as an option when pain medication is reduced or not tolerated, and must be used in adjunction to physical rehabilitation and/or surgical intervention to hasten functional recovery. The documentation lacked the evidence that the injured worker had reduced or not tolerated the medication and the clinical notes were not evident that the injured worker had a physical rehabilitation other than the four occupational therapy visits that the injured worker had received prior. No evidence that the acupuncture was in adjunction to surgical intervention. As such, the request for six sessions of acupuncture for the right CTS is not medically necessary or appropriate.