

Case Number:	CM14-0113902		
Date Assigned:	09/16/2014	Date of Injury:	03/25/2011
Decision Date:	11/05/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/21/2014

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for wrist pain reportedly associated with an industrial injury of March 25, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; a reported diagnosis of carpal tunnel syndrome; excision of two ganglion cysts; opioid therapy; and extensive periods of time off of work. In a Utilization Review Report dated June 25, 2014, the claims administrator denied a request for 12 sessions of acupuncture. The claims administrator stated that it was not clearly stated how much prior acupuncture the applicant had or had not had. The claims administrator did not incorporate cited MTUS Acupuncture Guidelines in its rationale. The applicant's attorney subsequently appealed. In a February 25, 2014 progress note, the applicant was placed off of work, on total temporary disability. Twelve sessions of acupuncture were sought at this point. The applicant was also asked to continue Norco following a wrist dorsal ganglion cyst excision procedure some four months prior. On April 14, 2014, the applicant was again asked to remain off of work, on total temporary disability. Acupuncture was sought. The applicant was asked to continue Norco for pain relief. On June 18, 2014, additional acupuncture was sought. The applicant's work status was not clearly stated on this occasion. Persistent complaints of hand pain were noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 Times A Week For 6 Weeks For Left Wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request in question does represent a renewal request for acupuncture as the applicant had seemingly had acupuncture at various points over the course of the claim, including on multiple occasions in 2014, referenced above. As noted in MTUS 9792.24.1.d, acupuncture treatments may be extended if there is evidence of functional improvement as defined in Section 9792.20f. In this case, however, the applicant is off of work, on total temporary disability. The applicant remains highly dependent on opioid agents such as Norco. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier acupuncture of unspecified amounts over the course of the claim. Therefore, the request for an additional 12 sessions of Acupuncture is not medically necessary.