MAXIMUS Federal Services

Case Number:	CM14-0114039		
Date Assigned:	08/01/2014	Date of Injury:	01/15/1989
Decision Date:	09/23/2014	UR Denial Date:	07/09/2014
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 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 68-year-old female who reported neck and right hand pain from injury sustained on 01/15/89. Mechanism of injury was not documented in the provided medical records. There were no diagnostic imaging reports. Patient is diagnosed with cervical sprain; right hand tendinitis; carpal tunnel syndrome; right 3rd digit finger tenosynovitis. Per medical notes dated 05/21/14, patient complains of pain in her right index finger. Pain is rated at 8/10. Examination revealed tenderness to palpation. Per medical notes dated 06/11/14, patient reports less pain in the neck and wrist. She still has some triggering in the 3rd finger. No numbness is reported. She finds acupuncture treatment helpful and takes lyrica. Examination revealed cervical spine range of motion 90%, wrist 85%, and slight tenderness of the 3rd finger. Provider is requesting additional 8-acupuncture treatment. 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:

8 Sessions of acupuncture for the right hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Medical Treatment Guidelines pages 8-9 and on the Non-MTUS Official Disability Guidelines (ODG) (carpal tunnel syndrome; hand/wrist and forearm), (Acupuncture).

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical, treatment Guidelines pages 8-9. 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. 2) Frequency: one-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. Patient has had prior acupuncture treatment. Per medical notes dated 06/11/14, patient reports less pain in the neck and wrists; she still has some triggering in the 3rd finger; she finds the acupuncture treatment helpful. 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. Furthermore, official disability guidelines do not recommend acupuncture for carpal tunnel syndrome; hand, wrist and forearm pain. Per review of evidence and guidelines, additional 8 acupuncture treatments is not medically necessary.