

Case Number:	CM14-0118964		
Date Assigned:	08/06/2014	Date of Injury:	02/03/2011
Decision Date:	09/10/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/29/2014

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 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 36 year old female who reported bilateral wrist pain from injury sustained on 02/03/11 due to cumulative trauma. Electrodiagnostic studies revealed minor residua of successful carpal tunnel release surgery. Patient is diagnosed with bilateral carpal tunnel syndrome, bilateral de Quervain's tenosynovitis, left cubital tunnel syndrome. Patient has been treated with medication, carpal tunnel release surgery, therapy and acupuncture. Per medical notes dated 05/01/14, patient complains of pain in the upper extremity from neck and shoulder to bilateral thumbs as well as numbness and tingling in the hands and forearm and weakness in bilateral hands. There symptoms are constant noted with activity. Pain is rated at 5-6/10. Per medical notes dated 06/30/14, patient complains of left upper extremity and right hand/wrist pain. She states she has attended acupuncture. She states that it helps when she goes, but she has to drive far that by the time she gets home, her pain returns. 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:

Continued Acupuncture x8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome, Acupuncture.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 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: 1-3 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. 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. Furthermore, ODG guidelines do not recommend acupuncture for carpal tunnel syndrome. Per review of evidence and guidelines, Additional 8 acupuncture treatments are not medically necessary.