

Case Number:	CM14-0132518		
Date Assigned:	08/22/2014	Date of Injury:	05/16/2013
Decision Date:	10/24/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/19/2014

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 claimant was injured on 05/16/13. Acupuncture for the right wrist is under review. She was helping to transfer a patient following an amputation when she had to stabilize him and injured her low back. She was not a good surgical candidate as of 03/31/14. She complained on 07/17/14 of low back and right wrist pain. She had been using a cane and developed DeQuervain's tenosynovitis. She completed a functional restoration program with no significant change in her pain. She still had significant low back pain radiating to her legs with difficulty walking and standing for long periods of time. She used a motor motorized scooter for long distance ambulation and still has right wrist pain especially along the first dorsal compartment. She had an injection there on 05/13/14 without benefit and wanted to try acupuncture. She had tenderness over the APL tendon. 12 visits of acupuncture were ordered. 6 sessions were approved by the previous reviewer. She also had depression, anxiety, and suicidal ideation. She was still using a cane. She had positive Finkelstein's and tenderness in the right wrist region. She was using medications. She has had extensive treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for right wrist & hand #12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The history and documentation do not objectively support the request for 12 sessions of acupuncture for the right wrist and hand. The MTUS state "9792.24.1. Acupuncture Medical Treatment Guidelines - (a) As used in this section, the following definitions apply: (1) "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. (c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(ef). In this case, there is no evidence that the claimant has completed a successful short trial of acupuncture or that she is an outlier from the guidelines which support a trial of 6 visits. There is no indication that she has been involved in an exercise program for her wrist and has been advised to continue an exercise program in conjunction with acupuncture treatment. Acupuncture is not a standalone treatment and is expected to be accompanied by active exercise. The medical necessity of this request for acupuncture for 12 visits has not been clearly demonstrated, therefore is not medically necessary.