

Case Number:	CM14-0150704		
Date Assigned:	09/19/2014	Date of Injury:	10/08/2013
Decision Date:	12/04/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/16/2014

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 Neuromusculoskeletal Medicine, and is licensed to practice in Arizona. 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 patient is a 47 year old male who sustained a work related injury on 10/08/2013 as result of a bodily injury without documentation of exact mechanism of injury. His most recent progress reports identify the patient complaining of left shoulder, forearm and wrist pain that is constant and dull in character. His pain is rated as 7/10. His physical examination identifies decreased shoulder, elbow and wrist range of motion with appreciable edema and numbness of left hand. Pt diagnosed with Carpal Tunnel Syndrome for which he's undergone Carpal Tunnel Release and flexor tenosynovectomies on 03/24/14. In dispute is a decision for Acupuncture, left wrist, and shoulder forearm 2 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, left wrist, shoulder forearm 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 8-9.

Decision rationale: 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. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The 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. I found 10 visits for acupuncture Tx that the patient has previously performed. The only documentation concerning improvement with acupuncture is on 5-7-14 is 'PT/Accup is helping'. Further documentation of improvement needs made determine extent of functional improvement such as improvement in pain rating, range of motion, strength testing or negativity of previously positive provocative testing. As such is not made, the continuation of acupuncture treatment is not medically necessary.