

Case Number:	CM14-0168951		
Date Assigned:	10/17/2014	Date of Injury:	05/10/2014
Decision Date:	11/19/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/14/2014

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 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 60 year old male who reported left hand/foot pain from injury sustained on 05/10/14 while working as a care giver. He was picking up his wife off the couch to use the restroom when she fell on him injuring his foot and hand. X-rays of the left hand revealed mild diffuse bony demineralization and slight osteoarthritis of 2nd PI and 1st carpometacarpal joint. X-rays of the left foot revealed hypertrophic calcaneal spurs at insertion of Achilles tendon, mid-foot osteoarthritis, moderate hallus valgus and bunion. The patient is diagnosed with carpal tunnel syndrome, joint derangement-ankle, joint pain-hand and pain in limb. The patient has been treated with medication. Per medical notes dated 07/25/14, patient complains of constant throbbing left hand pain, tingling and weakness. No change in hand or foot symptoms. The patient complains of constant moderate constant achy, sharp left foot pain, weakness, numbness and cramping. Pain is worse with walking. Per medical notes dated 09/04/14, patient complains of frequent moderate, sharp, stabbing left wrist pain with numbness and tingling, associated with grabbing and grasping. Pain is relieved with medication. The patient complains of constant severe, achy, sharp, throbbing, burning left hand pain. The patient complains of moderate achy, sharp, throbbing left foot pain, stiffness and weakness. It is unclear if the patient has had prior acupuncture treatment as the medical notes document multiple acupuncture requests. Provider requested 6 acupuncture treatments for left hand and left foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient acupuncture to the left hand and left foot once a week for six weeks: 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; hand/wrist and forearm, 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". It is unclear if the patient has had prior acupuncture treatment as the medical notes document multiple acupuncture requests. Provider requested 6 acupuncture treatments for left hand and left foot. 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. Furthermore Official Disability Guidelines do not recommend acupuncture for carpal tunnel syndrome or hand pain. Per review of evidence and guidelines, 6 acupuncture treatments are not medically necessary.