

Case Number:	CM14-0173680		
Date Assigned:	10/24/2014	Date of Injury:	09/20/2012
Decision Date:	12/03/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/21/2014

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 Acupuncture and Chiropractic 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:

Claimant is a 60 year old female who sustained a work related injury on 9/20/2012. Six sessions of acupuncture were approved on 9/25/2014. Prior treatment has included bilateral carpal tunnel surgery, physical therapy, and medications. Her diagnoses are carpal tunnel syndrome. Per a PR-2 (progress report) dated 10/8/2014, the claimant has chronic bilateral hand pain secondary to carpal tunnel syndrome. The claimant reports that she has completed some acupuncture sessions. She states that the it has been helpful to reduce her pain by about 30% and that she is able to grip and grasp better with less pain. Objective findings remain the same as prior to the acupuncture with 20% reduction of range of motion of left wrist, positive Tinel on left, motor strength 4/5 of grip strength, and sensation to light touch decreased on left hand. She is working with restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of acupuncture for the bilateral upper extremities (1 a week): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture trial with subjective benefits. There is no change in work restrictions or objective examination findings. The claimant has not completed the prior authorized trial. Therefore further acupuncture is not medically necessary.