

Case Number:	CM14-0177466		
Date Assigned:	10/30/2014	Date of Injury:	12/11/2012
Decision Date:	12/10/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/27/2014

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 Physical Medicine and Rehabilitation 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 40-year-old woman with a date of injury of 12/11/12. She carries diagnoses of neck pain into the right upper extremity, mild right carpal tunnel syndrome and left upper extremity pain. Pharmacologic pain management includes Ultracet, Relafen and Gabapentin. Pain level with medication is reported to be 7/10. Records indicate that the patient received 4 sessions of acupuncture with good pain relief. Four additional acupuncture therapy sessions for bilateral wrist pain was subsequently requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture therapy for bilateral wrists, QTY: 4 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Forearm, Wrist and Hand, Acupuncture

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The injured worker presents with chronic wrist pain. MTUS guidelines indicate that acupuncture is recommended for 1-3 times per week for a duration of 1-2 months and that acupuncture treatments may be extended if functional improvement has been

documented. The request is made for a trial of acupuncture for the wrist times 4 sessions. Frequency and duration of sessions is not provided. The request as stated, which does not provide frequency or duration of acupuncture, is not medically necessary.