

Case Number:	CM14-0178360		
Date Assigned:	10/31/2014	Date of Injury:	10/09/2013
Decision Date:	12/31/2014	UR Denial Date:	10/01/2014
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 a licensed Chiropractor & Acupuncturist, 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:

This is a 50 year old male with a work related injury to his right wrist in the process of deactivating a defective battery. According to a physician's progress report dated 09/24/2014, the injured worker presented with complaints of intermittent moderate sharp right wrist pain with weakness of right hand and fingers. Objective findings included tenderness to palpation of the dorsal wrist with decreased grip and mild swelling to right wrist. Diagnoses included right carpal tunnel syndrome, right wrist injury, and stress and anxiety. Treatments have included steroid shots, right wrist arthroscopy with irrigation and debridement, physical therapy, acupuncture, and medications. According to received medical records, the injured worker had attended physical therapy two times a week and acupuncture one time a week from 05/13/2014 to 10/15/2014. An acupuncture SOAP note dated 10/15/2014 notes the injured worker continues with wrist pain. Work status is noted as remaining off work until 10/30/2014 per physician's progress note dated 09/24/2014. On 10/01/2014, Utilization Review non-certified the request for Acupuncture Treatment x 12 sessions citing MTUS Acupuncture Medical Treatment Guidelines. The Utilization Review physician stated that the injured worker had attended 16 acupuncture treatment visits since 05/23/2014, along with 24 visits of physiotherapy. The physician also added that the documentation does not support that the injured worker had objective and functional improvement with the recent treatment to support additional acupuncture. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment x 12 sessions: 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) Hand, wrist and forearm pain; carpal tunnel syndrome, Acupuncture

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines pages 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". Patient has had prior acupuncture treatment. Provider requested additional 12 acupuncture treatments. Per acupuncture progress notes dated 10/15/14, patient complains of wrist pain rated 5/10. 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. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Requested visits exceed the quantity supported by cited guidelines. Furthermore Official Disability Guidelines do not recommend acupuncture for wrist pain. Per review of evidence and guidelines, additional 12 Acupuncture Treatments are not medically necessary.