

Case Number:	CM14-0020234		
Date Assigned:	04/25/2014	Date of Injury:	01/01/2012
Decision Date:	07/07/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/18/2014

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 a Licensed Acupuncturist has a subspecialty in Addiction Detoxification and is licensed to practice in New York. 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 applicant is a female employee of [REDACTED] who filed a claim for a repetitive strain injury of her neck, and upper extremities causing extreme pain in the wrists, hands, arms, and neck. The applicant to date is post- surgical bilateral Carpal Tunnel Release surgery, and is still in pain. Since the incident, the applicant received twelve physical therapy sessions, twelve prior acupuncture sessions with electric stimulation, multiple EMG/NCV studies conducted, and pain and anti-inflammatory medications. She uses bilateral wrist splints, Lidoderm patches and multiple NSAIDs. Additionally, X-rays and MRI's are previously obtained. At the date of the determination, of 1/28/14, the claim administrator modified the original request from six acupuncture visits to four visits to provide pain relief post-surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TREATMENTS (2) TIMES PER WEEK FOR (3) WEEKS TO THE NECK AND UPPER EXTREMITIES QTY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The employee is status post carpal tunnel release surgery in both extremities and is still with pain to date. The employee's current course of treatment utilizing other modalities have not had great results of functional improvement or benefit to her condition, so an additional short course of four acupuncture sessions that was certified by the Claims Administrator is reasonable. Therefore the request for acupuncture twice a week for three weeks for the neck and upper extremities is not medically necessary and appropriate.