

Case Number:	CM14-0024780		
Date Assigned:	06/13/2014	Date of Injury:	04/18/2010
Decision Date:	07/15/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/26/2014

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 Neurological Surgery 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 53 year-old female who was reportedly injured on 4/18/2010. The mechanism of injury was not listed in these records. The most recent progress note, dated 9/6/2013, indicated that there were ongoing complaints of bilateral upper extremity pain and neck pain. The physical examination revealed a left sided claw hand deformity, pain with range of motion, positive contraction deformity with nodules at palmer proximal interphalangeal joint, right thumb trigger finger, swelling of the left finger and decreased sensation. Diagnostic images include right shoulder MRI 6/5/2010 that revealed curved acromion process, left shoulder MRI 6/12/2010 that revealed mild degenerative changes at the acromioclavicular joint. Electrodiagnostic study (EMG/NCV) of the bilateral hands revealed bilateral carpal tunnel syndrome. Previous treatment included left hand carpal tunnel surgery, left wrist brace, medications to include Neurontin, nerve blocks, manipulation under anesthesia and occupational therapy. A request was made for acupuncture with needle times once a week for six weeks and was not certified in the pre-authorization process on 9/13/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE W/NEEDLE 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 rationale: According to the Chronic Pain Medical Treatment Guidelines, it states acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, inflammation, increase blood flow, increase range of motion, decrease side effects of medication induced nausea, promote relaxation and reduce muscle spasm. The medical records, reviewed, do not specify a plan to reduce pain medications or any intolerance to pain medications that the patient is currently taking. Therefore, the request for Acupuncture with needle, once a week for six weeks is not medically necessary and appropriate.