

Case Number:	CM14-0031769		
Date Assigned:	03/21/2014	Date of Injury:	04/22/2013
Decision Date:	09/16/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/14/2014

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 in acupuncture 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 42 y/o female patient with pain complains of bilateral wrists. Diagnoses included wrist tenosynovitis (bilateral), possible carpal tunnel (bilateral). Previous treatments included: injection(s), oral medication, physical therapy, acupuncture (visits x6 approved on 02-21-14, number of those treatments rendered or gains obtained: unreported), splints and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture, x6 was made on 02-14-14 by the PTP. The requested care was denied on 03-06-14 by the UR reviewer. The reviewer rationale was "after prior acupuncture was rendered no documentation of either subjective or objective improvements was reported."

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE ONE (1) TIME A WEEK FOR SIX (6) WEEKS FOR BILATERAL WRISTS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Acupuncture x6 was approved on 02-21-14. Whether such care was rendered or not, was not documented. On 02-24-14, additional Acupuncture x6 was requested and denied by utilization review. The MTUS note that extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. As six sessions were already approved on 02-21-14, additional care would be supported by the guidelines if functional benefits were obtained with prior care and properly documented. When the request for additional acupuncture x6 (02-24-14) was made, neither the number of sessions already rendered nor objective improvements obtained with such care, was documented. Therefore, without evidence of significant, quantifiable response to treatment, the request for additional acupuncture is not supported for medical necessity therefore, this request is not medically necessary.