

Case Number:	CM14-0032077		
Date Assigned:	06/20/2014	Date of Injury:	05/11/2012
Decision Date:	07/21/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/13/2014

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 has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 44 year old female whose date of injury is 05/11/2012. The mechanism of injury was not specified in the reviewed documentation. Diagnosis is bilateral wrist tendinitis/pain. Progress report dated 02/27/14 indicates that she complains of bilateral wrist pain. She has been attending acupuncture which has helped her symptoms. The injured worker was certified for 6 additional acupuncture sessions in March 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x6 (Bilateral Upper Extremities): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official disability Guidelines ,Treatment for Worker Compensations.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the clinical information provided, the request for acupuncture 2 x 6 bilateral upper extremities is not recommended as medically necessary. The injured worker has undergone extensive acupuncture to date and most recently was authorized for 6 additional sessions of acupuncture in March 2014. The injured worker's objective, functional response to this treatment is not documented. Acupuncture Medical Treatment Guidelines note that the

optimum duration of treatment is 1-2 months, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided.