

Case Number:	CM14-0033837		
Date Assigned:	06/20/2014	Date of Injury:	06/28/2013
Decision Date:	07/24/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/18/2014

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 is Board Certified in Chiropractic and 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:

The injured worker is a 25-year-old female who reported bilateral wrist pain from an injury sustained on 06/28/13, when a tool chest fell on her causing her to hyperextend her wrists. Radiographs of the bilateral wrists were unremarkable. An MRI of the left wrist revealed tendinosis of extensor Carpi ulnaris tendon at the level of ulnar styloid and distal to the ulnar styloid. The patient is diagnosed with bilateral wrist strain. The patient has been treated with medication and therapy. Per the medical notes dated 01/23/14, the patient complains of wrist pain, more on the left than the right. The patient states that therapy was helpful, but continues to complain of dull pain. Examination revealed tenderness over the dorsal wrist and the range of motion is within normal limits. The primary treating physician is requesting initial course of ten (10) acupuncture sessions, which was modified to six (6) acupuncture visits by the utilization reviewer. The requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ten (10) sessions of acupuncture for the bilateral wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines indicate that "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". The guidelines also indicate "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". The patient hasn't had prior acupuncture treatment. According to the guidelines three to six (3-6) treatments are supported for an initial course of acupuncture, with evidence of functional improvement prior to consideration of additional care. The requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. The MTUS-Definition indicates that 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. Per the guidelines and review of evidence, ten (10) acupuncture visits are not medically necessary.