

Case Number:	CM14-0036536		
Date Assigned:	06/25/2014	Date of Injury:	12/02/2013
Decision Date:	07/28/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/24/2014

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 Occupational 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 40 year old female injured on 12/02/13 due to undisclosed mechanism of injury. Current diagnoses included cervical spine/trapezius strain, right elbow cubital tunnel syndrome, and bilateral wrist tenosynovitis with carpal tunnel syndrome. Clinical note dated 03/21/14 indicated the injured worker presented complaining of imminent moderate pain in bilateral wrists with numbness and tingling in the hands and fingers bilaterally rated at 5/10. The injured worker reported increase in range of motion and improvement in pain symptoms with completion of 12 sessions of physical therapy. Physical examination of the cervical spine revealed tenderness to palpation about the paracervical and trapezial musculature, muscle spasms, and restricted range of motion due to pain. Physical examination of the right elbow revealed tenderness to palpation and positive Tinel sign at the cubital tunnel. Examination of bilateral wrists/hands revealed tenderness to palpation, positive Tinel and Phalen signs on the right, weakness of grip strength, and slightly restricted range of motion due to discomfort. Medications included naproxen 550mg, omeprazole 20mg, and cyclobenzaprine 10mg. The initial request for acupuncture without stimuli 15 minutes was initially non-certified on 03/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture w/o stimuli 15 min: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th edition (web), 2014 Carpal Tunnel Syndrome Chapter, Acupuncture; Neck and Upper Back Chapter, Acupuncture.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The injured worker is a 40-year-old female injured on 12/02/13 due to undisclosed mechanism of injury. Current diagnoses included cervical spine/trapezius strain, right elbow cubital tunnel syndrome, and bilateral wrist tenosynovitis with carpal tunnel syndrome. Clinical note dated 03/21/14 indicated the injured worker presented complaining of imminent moderate pain in bilateral wrists with numbness and tingling in the hands and fingers bilaterally rated at 5/10. The injured worker reported increase in range of motion and improvement in pain symptoms with completion of 12 sessions of physical therapy. Physical examination of the cervical spine revealed tenderness to palpation about the paracervical and trapezial musculature, muscle spasms, and restricted range of motion due to pain. Physical examination of the right elbow revealed tenderness to palpation and positive Tinel sign at the cubital tunnel. Examination of bilateral wrists/hands revealed tenderness to palpation, positive Tinel and Phalen signs on the right, weakness of grip strength, and slightly restricted range of motion due to discomfort. Medications included Naproxen 550mg, Omeprazole 20mg, and Cyclobenzaprine 10mg. The initial request for acupuncture without stimuli 15 minutes was initially non-certified on 03/06/14.