

Case Number:	CM14-0040380		
Date Assigned:	06/27/2014	Date of Injury:	08/04/2006
Decision Date:	08/29/2014	UR Denial Date:	03/15/2014
Priority:	Standard	Application Received:	04/07/2014

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 licensed in Acupuncture, has a subspecialty in Addiction Detoxification and is licensed to practice in New York. 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:

Under review is a request for twelve acupuncture treatments for upper extremity issues. The applicant is a female employee who has filed an industrial claim for her bilateral hand and wrist injury that occurred on 8/4/06. Mechanism of injury is unspecified in the records reviewed. Currently the patient complains of increased bilateral wrist pain with numbness and weakness. She has difficulty gripping, lifting, pushing, and pulling objects. The applicant is Permanent and Stationary status. As of 2/5/14, the primary treating physician requested an additional twelve sessions of acupuncture to treat her pain and to reduce some of her symptoms. Her treatment to date includes, but is not limited to, acupuncture, and pain and anti-inflammatory medications. In the utilization review report, dated 3/15/14, the UR determination did not approve the additional twelve sessions of acupuncture in light of functional improvement of MTUS guidelines. The advisor stated the applicant should progress to an independent home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Three Times A Week For Bilateral Wrists/Hands: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This claimant has upper extremity issues and had already had acupuncture treatment per the submitted records. Acupuncture medical treatment guidelines state that the time to produce a functional improvement is 3 to 6 treatments, 1 to 3 times per week for an optimum duration of 1 to 2 months. The applicant received an initial round of acupuncture care approved based on these guidelines. Medical necessity for any further acupuncture treatments is in light of functional improvement. After combing through provided medical records it is evident, the treating physician neglected to provide clinically significant improvement in the applicant's daily living or a reduction in work restrictions. The applicant is continues to be Permanent and Stationary. Therefore, these additional twelve sessions of acupuncture is not medically necessary. Additionally, there is no evidence of a reduction in the dependency on continued medical treatment. Furthermore, if this request had been for an initial trial of acupuncture, MTUS recommends an initial trial of 3-6 visits of acupuncture to produce functional improvement. Therefore, Acupuncture Three Times a Week for Bilateral Wrists/Hands is not medically necessary.