

Case Number:	CM14-0048805		
Date Assigned:	06/25/2014	Date of Injury:	09/08/2009
Decision Date:	08/14/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/26/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 61-year-old individual was reportedly injured on 9/8/2009. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated 1/24/2014, indicated that there were ongoing complaints of bilateral wrist pains. The physical examination demonstrated bilateral wrists positive tenderness and positive Tinel's test and Phalen's test. No recent diagnostic studies were available for review. Previous treatment included previous surgery, physical therapy, and medications. A request had been made for acupuncture 2 times a week times 4 weeks #8 (bilateral wrists) and was not certified in the pre-authorization process on 3/6/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the bilateral wrists, 2 times a week for 4 weeks, QTY: 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 13.

Decision rationale: Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to

hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. After review of the medical documentation provided, there was no evidence of intolerance to pain medication, or what drug regimen the patient is currently on. The record did state the patient has completed all but one session of acupuncture at different location and is presenting for additional visits due to its benefit, although the injured worker still had residual pain and numbness. Lacking documentation of failed pain medication or intolerance to medication, this request for additional acupuncture treatments is deemed not medically necessary.