

Case Number:	CM14-0049456		
Date Assigned:	07/07/2014	Date of Injury:	03/27/2001
Decision Date:	08/06/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/17/2014

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 44 year old female who reported neck, shoulder and bilateral wrist pain from injury sustained on 3/27/01 due to cumulative trauma. The patient is diagnosed with status post right shoulder surgery; cervicgia of the neck; joint pain of the right and left hand. An electromyography and nerve conduction velocity (EMG/NCV) studies were within normal limits. The patient has been treated with medication, therapy and acupuncture. Per medical notes dated 01/21/14, patient complains of numbness and tingling in the 4th and 5th digit. She is also experiencing some clicking in her hand. She feels some weakness in her hands and has difficulty opening jars. Acupuncture has been somewhat helpful. Per medical notes dated 04/11/14, the patient complains of continued neck and upper extremity pain intermittently. She had physical therapy which was very helpful. She does not use any medication or cream. Acupuncture was helpful. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 6 sessions, Bilateral Wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the California MTUS, Section 9792.24.1, Acupuncture Medical treatment Guidelines page 8-9. 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 time to produce function improvement is 3-6 treatments, for a frequency of 1-3 times per week with an optimum duration of 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. The patient has had prior acupuncture treatment. The medical notes mention that acupuncture was helpful; however, there is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Additional visits may be rendered if the patient has documented objective functional improvement. Per the MTUS guidelines, 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 or decrease in medication intake. Per review of the evidence and guidelines, Acupuncture for the Bilateral Wrist is not medically necessary.