

Case Number:	CM14-0062358		
Date Assigned:	07/11/2014	Date of Injury:	05/14/2013
Decision Date:	08/18/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	05/05/2014

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 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 claimant is a 50 female who sustained a work related injury on 5/14/2013. Per a primary treating physician's progress report dated 3/21/2014, the claimant has wrist pain that feels like a burning nerve pain and sharp joint pain with movement. The pain radiates to both shoulders. Pain medications help her for about 3 hours and drop her pain level so that she can perform daily activities. Her diagnoses are myositis, de quervain's tenosynovitis, tenosynovitis thumbs, and wrist sprain. The provider notes that acupuncture is working very well for range of motion. The claimant is not working. In comparison to the note dated 1/21/14, there are no changes in range of motion of activities of daily living. The note also states that the claimant is to complete six sessions of acupuncture. Other prior treatment includes physical therapy, oral medication, and injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture times eight (8) for bilateral wrists: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. Functional improvement means a clinically significant improvement in activities of daily living or a reduction in work restrictions, medication, or dependency on continued medical treatment. The claimant has had prior acupuncture and although the provider notes that there is improvement in range of motion, objective measures of range of motion remain the same. Also there is no increase in activities of daily living or any other functional improvement documented. Therefore further acupuncture is not medically necessary.