

Case Number:	CM14-0067978		
Date Assigned:	07/23/2014	Date of Injury:	06/08/2013
Decision Date:	08/29/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/12/2014

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 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:

This is a 44 year old female patient with pain complains of right upper extremity. Diagnoses included carpal tunnel syndrome. Previous treatments included: surgery (CTR), oral medication, physical therapy, acupuncture (unknown number of sessions, gain reported as helped with pain, improved function and increase range of motion) and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x6 and work conditioning x1 was made on 04-16-14 by the PTP. The requested care was modified on 04-23-14 by the UR reviewer. The reviewer rationale was thought work hardening-work conditioning was requested, the records does not support that the current functioning is seriously deficient. Therefore the work hardening is not supported for medical necessity. In regards to the acupuncture: prior acupuncture allowed the patient to improve function, increase range of motion and decrease symptoms. Additional acupuncture x6 is recommended for approval.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening conditioning times one quantity: 1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) lower back: work hardening.

Decision rationale: The criteria for admission to a work hardening were not satisfied: amongst others, no specific functional deficits to be addressed by the program were documented, no specific return to work plan reported. Therefore the work hardening program requested is not supported for medical necessity.

6 additional sessions of acupuncture 2x3 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Although the provider indicated that after acupuncture was performed, gains were obtained in regards to range of motion, sleeping pattern and ADLs, no pre-acupuncture baseline was presented for comparison purposes. Current guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." After an unknown number of prior acupuncture sessions (reported as beneficial), no clear evidence of sustained, significant, measurable objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore, the additional acupuncture x6 is not supported for medical necessity.