

Case Number:	CM14-0068531		
Date Assigned:	07/14/2014	Date of Injury:	08/12/2009
Decision Date:	09/30/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	05/13/2014

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 58 year old female who reported right knee and right wrist/hand pain from injury sustained on 08/12/09. Mechanism of injury is not documented in the provided medical records. There were no diagnostic imaging reports. Patient is diagnosed with status post crush injury of the right hand/wrist; right carpal tunnel syndrome and right knee internal derangement. Patient has been treated with medication, therapy, chiropractic and acupuncture. Per medical notes dated 01/07/14, she previously reported acupuncture treatment has helped decrease her pain level, help her sleep better, bend with less pain, sit and stand with less pain and walk with less pain. Per medical notes dated 02/18/14, patient has completed the authorized acupuncture treatment, she noted benefit but continues with pain. She had right knee surgery on 01/28/14. There is pain with right wrist range of motion. Per medical notes dated 03/18/14, patient has right upper extremity pain extending to the right side of the neck and shoulder. She reported previous good response to acupuncture treatment. There is pain with right shoulder range of motion. Per utilization review, the patient has had 18 acupuncture treatments to date without sustained improvement. Provider is recommending additional 4 visits. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture sessions x 4 (right hand/wrist): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (carpal tunnel syndrome; hand/wrist and forearm pain)>, <Insert Topic (Acupuncture)>.

Decision rationale: Per 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". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has had 18 prior acupuncture treatments. Primary physician is requesting additional 4 treatments for the right hand/wrist. Per medical notes dated 01/07/14, she previously reported acupuncture treatment has helped decrease her pain level, help her sleep better, bend with less pain, sit and stand with less pain and walk with less pain. Medical records discuss functional improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. Patient's results with previous acupuncture have not sustained as she continues to be symptomatic despite 18 acupuncture treatments. 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. Per 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. Furthermore Official Disability Guidelines do not recommend acupuncture for hand/wrist pain or for carpal tunnel syndrome. Per review of evidence and guidelines, additional 4 acupuncture treatments are not medically necessary.