

Case Number:	CM14-0078874		
Date Assigned:	07/18/2014	Date of Injury:	04/01/2008
Decision Date:	09/09/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/29/2014

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 injured worker is a 61 year old male who reported bilateral hand/wrist pain from injury sustained on 04/01/08. Mechanism of injury was not documented in the medical notes provided for review. There were no diagnostic imaging reports. Patient is diagnosed with carpal tunnel syndrome, Pain in joint-hand, unspecified myalgia and myositis. Patient has been treated with medication, corticosteroid injection and acupuncture. Per medical notes dated 01/08/14, patient is still having pain in bilateral wrists and trigger finger in the left 4th finger. Pain is rated at 6/10. Per medical notes dated 04/01/14, patient reports mild changes with pain in the left 4th finger but no change in right wrist after the corticosteroid injection to the right carpal tunnel syndrome. He still has difficulty grasping objects and driving. Acupuncture has provided the most benefit for reduction of his wrist pain. Pain is rated at 2/10. Provider is requesting additional 6 acupuncture treatments. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Acupuncture Visists: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

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 prior acupuncture treatment. Per medical notes dated 04/01/14, he still has difficulty grasping objects and driving; acupuncture has provided the most benefit for reduction of his wrist pain. 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. Additional visits may be rendered if the patient has documented objective functional improvement. 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 occupational disability guidelines do not recommend acupuncture for carpal tunnel syndrome. Per review of evidence and guidelines, additional 6 acupuncture treatments are not medically necessary.