

Case Number:	CM14-0082288		
Date Assigned:	07/21/2014	Date of Injury:	11/22/2006
Decision Date:	09/08/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/03/2014

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 59 year old female who reported bilateral upper extremity pain from injury sustained on 11/22/06 due to cumulative trauma of repetitive typing. There were no diagnostic imaging reports. Patient is diagnosed with reflex sympathetic dystrophy of the upper extremity, bilateral carpal tunnel syndrome, and bilateral radial styloid tenosynovitis. Patient has been treated with medication, therapy, right stellate ganglion block, epidural steroid injection and acupuncture. Per medical notes dated 02/20/14, patient complains of bilateral wrist pain. Acupuncture visits with benefit of reduced pain, less locking of the joint. Per medical notes dated 02/25/14, patient complains of needle sticking in her right hand. The pain radiates to her shoulder with numbness and tingling in her fingers. Pain is rated at 8/10. Patient has severe pain in her left wrist. Her arm gets tired. She is unable to hold onto things, her grasping is not good. Pain is rated at 7/10. Per medical notes dated 06/24/14, patient complains of cervical spine pain rated at 6/10. Pain is described as achy and radiating to the right arm into the hand with numbness and tingling. She states the pain has decreased. There is extreme guarding in the right upper extremity. There is decreased painful range of motion of the right elbow and right wrist. Her pain is reduced, but she is still having intermittent numbness in her upper extremity. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture with infrared lamp and Kinesio tape 2 x 3 (6): 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. Provider is requesting additional 6 acupuncture treatments with infrared lamp and Kinesio taping. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. California MTUS Chronic Pain treatment guidelines do not address infrared therapy, other national guidelines such as ODG do not recommend infrared. Kinesio taping is not documented in the guidelines for carpal tunnel syndrome. 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 carpal tunnel syndrome. Per review of evidence and guidelines, additional 6 acupuncture treatments with infrared and Kinesio taping are not medically necessary.