

Case Number:	CM14-0082760		
Date Assigned:	07/21/2014	Date of Injury:	01/12/1999
Decision Date:	09/17/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/04/2014

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 66 year old female who reported bilateral arm and hand pain from injury sustained on 01/12/99 due to cumulative trauma. There were no diagnostic imaging reports. Patient is diagnosed with carpal tunnel syndrome; tenosynovitis hand/wrist and ulnar neuropathy. Patient has been treated with carpal tunnel release surgery, medication and acupuncture. Per medical notes dated 05/01/14, patient complains of bilateral arm, wrist and carpal tunnel syndrome flare-up. Pain is rated at 6/10. Examination revealed tenderness, trigger point; range of motion with pain, tendinosis. She improved with acupuncture, did 6 sessions which helped, pain is still there. Per medical notes dated 05/29/14, patient complains of pain and bilateral carpal tunnel syndrome flare-up, sharp, shooting and constant pain rated 6/10. Acupuncture therapy was helpful in the past, helpful with tendinitis and myofascial pain. She reported 80% relief for about 6 weeks with acupuncture, now the pain is returning. 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:

Outpatient acupuncture six sessions for bilateral forearms: 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), Carpal tunnel syndrome; Hand, wrist and forearm, 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 prior acupuncture treatment. Per medical notes patient reported pain relief; however, there is lack of evidence that prior acupuncture care was of any functional benefit. 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, official disability guidelines do not recommend acupuncture for carpal tunnel syndrome; hand, wrist and forearm pain. Per review of evidence and guidelines, 2x3 acupuncture treatments are not medically necessary.