

Case Number:	CM14-0089520		
Date Assigned:	07/23/2014	Date of Injury:	02/01/2010
Decision Date:	11/17/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/13/2014

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 licensed in Chiropractic, has a subspecialty 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:

The patient is a 57-year-old female with a date of injury of 2/01/2010. According to the progress report dated 4/7/2014, the patient stated that the symptoms persist. The fingers and left hand are swollen. The right 3rd, 4th, and 5th fingers are stiff and swollen. The pain traveled up the neck and into the bilateral shoulders. It also radiates down the mid back, low back, and leg. Significant objective findings include blanched bilateral palms, positive Finkelstein, positive trigger left thumb, and there was mottling and slight swelling of left thumb. The right lateral epicondyle was tender, positive Tinel and Phalen test in the right wrist. The patient was diagnosed with bilateral upper extremity overuse syndrome, complex regional pain syndrome type 2, cervical pain, bilateral shoulder pain, thoracic pain, bilateral lower extremity neuropathy, depressive disorder, and GERD.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The provider's request for additional 8 acupuncture sessions is not medically necessary at this time. The guideline states that acupuncture may be extended with documentation of functional improvement. There was no documentation of functional improvement from prior acupuncture care; therefore the provider's request is not medically necessary.