

Case Number:	CM14-0092599		
Date Assigned:	07/25/2014	Date of Injury:	11/18/2013
Decision Date:	09/08/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/18/2014

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, 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 injured worker is a 51 year old female who reported bilateral hand and wrist pain from injury sustained on 11/18/13 after typing on the keyboard. EMG (Electromyography)/NCS (nerve conduction study) revealed mild right carpal tunnel syndrome. The injured worker is diagnosed with carpal tunnel syndrome, bilateral wrist pain and bilateral hand pain. The injured worker has been treated with medication, acupuncture and physical therapy. Per medical notes dated 04/29/14, she states the acupuncture and physical therapy do not seem to be very effective for her. She states she still has the same discomfort in bilateral hands. Per medical notes dated 05/13/14, patient states that the pain in her right wrist/hand is severe. Pain is throbbing, shooting, sharp, severe and deeply radiating. Pain is rated at 7-8/10 and is more severe when she is very active and less with rest. Since her initial injury, pain has persisted. It awakens her at night. Examination revealed obvious edema in bilateral wrists, more severe on the right than the left with obvious asymmetry. Provider is requesting additional 8 acupuncture treatments. 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. 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: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM, Division of Workers' Compensation, Title 8 regulation, Chapter 4.5, Subchapter 1, Article 5.5.2 and Official Disability Guidelines Additional Acupuncture Treatments.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page(s) 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". The injured worker has had prior acupuncture treatment. Per medical notes dated 04/29/14, she states that acupuncture and physical therapy do not seem to be very effective for her; she still has same discomfort in bilateral hands. Primary physician is requesting addition 8 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 the injured worker 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. Per the review of evidence and guidelines, the requests for an additional 8 acupuncture treatments are not medically necessary.