

Case Number:	CM14-0094600		
Date Assigned:	07/25/2014	Date of Injury:	08/31/2013
Decision Date:	11/05/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/21/2014

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 injured worker is a 59 year old female who reported bilateral wrist pain from injury sustained on 08/31/13 due to repetitive strain while stacking isolation gowns in carts. There were no diagnostic imaging reports. Patient is diagnosed with bilateral carpal tunnel syndrome, left carpal tunnel release surgery dated 12/2013, bilateral wrist strain and right elbow sprain. Patient has been treated with surgery, medication and, occupation therapy. Per medical notes dated 04/03/14, patient complains of severe bilateral wrist and hand pain. She reports constant numbness in bilateral hands. Patient reports left hand pain and numbness are not improving with therapy, pain radiates into her forearm. Examination revealed full range of motion with pain of the elbow, wrist and hand. Provider requested 2X6 acupuncture treatments which were denied by the utilization reviewer on the basis of no functional improvement with prior treatment. Per utilization appeal letter dated 06/23/14, patient has not had prior Acupuncture treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x6 bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)<Insert Section (Carpal tunnel syndrome; hand/wrist and forearm pain)>, <Insert Topic (Acupuncture)>

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines Pages 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". Provider requested 2X6 acupuncture treatments which were denied by the utilization reviewer on the basis of no functional improvement with prior treatment. Per utilization appeal letter dated 06/23/14, patient has not had prior Acupuncture treatment. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Furthermore Official Disability Guidelines do not recommend acupuncture for carpal tunnel syndrome; hand, wrist and forearm pain. Per guidelines and review of evidence, 2X6 Acupuncture visits are not medically necessary.