

Case Number:	CM14-0096017		
Date Assigned:	09/15/2014	Date of Injury:	09/13/2013
Decision Date:	10/30/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/24/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 32-year-old female who reported an injury on 09/13/2013. The mechanism of injury was not stated. The current diagnosis is bilateral upper extremity overuse tendinopathy with carpal tunnel syndrome. The injured worker was evaluated on 05/09/2014 with complaints of ongoing pain in the bilateral upper extremities. Previous conservative treatment is noted to include medications, acupuncture, injections, and bracing. Physical examination revealed positive Tinel's and Phalen's testing bilaterally, diffuse forearm tenderness, decreased sensation at the median nerve distribution, 2+ deep tendon reflexes, and diminished grip strength. Treatment recommendations at that time included acupuncture for the bilateral upper extremities twice per week for 4 weeks. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x week, x 4 weeks, Bilateral Upper Extremities; 8 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines states acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. Therefore, the current request for 8 sessions of acupuncture exceeds guideline recommendations. It was also noted in previous documentation that the injured worker was treated with acupuncture without benefit. Based on the clinical information received, the request is not medically appropriate at this time.