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| Case Number: | CM13-0018107 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 11/08/2004 |
| Decision Date: | 04/01/2015 | UR Denial Date: | 08/15/2013 |
| Priority: | Standard | Application Received: | 08/29/2013 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Oriental Medicine

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 female who sustained an industrial injury on 11/8/2004. The available records for this review did not include medical records. Per the Utilization Review, she has reported injury to left arm/hand. The diagnoses have included carpal tunnel disease. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), physical therapy and acupuncture. Per the Utilization Review, a progress note dated 8/6/13 included objective findings of tenderness of left forearm, pain with ulnar impaction at left wrist, positive Tinel's sign and positive Phalen's test with decreased grip strength. The plan of care included continuation with anti-inflammatory and acupuncture. On 8/15/2013 Utilization Review non-certified acupuncture therapy sessions twice a week for six weeks for left hand, noting the medical records did not include documentation to support functional improvement from prior acupuncture therapy. The MTUS and ACOEM Guidelines were cited. On 8/29/2013, the injured worker submitted an application for IMR for review of twelve (12) acupuncture therapy sessions twice a week for six weeks for left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TWO (2) TIMES PER WEEK FOR SIX (6) WEEKS FOR THE LEFT HAND: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. After an unknown number of prior acupuncture sessions, no documented significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition the request is for acupuncture x 12, number that exceeds significantly the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture x 12 is not supported for medical necessity.