

Case Number:	CM14-0001837		
Date Assigned:	04/04/2014	Date of Injury:	06/08/2013
Decision Date:	03/26/2015	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	01/06/2014

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. 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: New York
 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:

This is a 44 year old female who has reported the gradual onset of upper extremity symptoms attributed to usual work activity, with a date of injury listed as 6/8/13. Diagnoses have included carpal tunnel syndrome and cubital tunnel syndrome. Treatment has included physical therapy, occupational therapy, 6 visits of acupuncture, braces and splints, work modifications, and medications. On 9/13/13 the injured worker was stated to be attending occupational therapy and acupuncture, which help sleep and pain. Work status was "temporarily totally disabled". On October 11, 2013, the treating physician noted completion of 6 acupuncture treatments that helped her ROM, decreased guarding of her right hand, lowered pain to 1/10. Current work status is "temporarily totally disabled". The treatment plan included additional acupuncture and occupational therapy. The QME on 1/27/14 did not discuss the specific results of acupuncture. His treatment recommendations did not include acupuncture specifically, although he stated that the "spectrum of treatments" in the chronic pain portion of the MTUS should be made available. On 12/6/13, Utilization Review non-certified an additional 6 acupuncture visits, noting the lack of functional improvement with the prior visits and the MTUS recommendations for continued acupuncture. This Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture times 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The prescription for additional acupuncture is evaluated in light of the MTUS recommendations for acupuncture, including the definition of "functional improvement". An initial course of 6 visits was certified per these guidelines. Medical necessity for any further acupuncture is considered in light of "functional improvement". Since the completion of the previously certified acupuncture visits, the treating physician has not provided evidence of clinically significant improvement in activities of daily living or a reduction in work restrictions. The treating physician has referred to improvements in function, but has not provided specific measures of any function. Improvement must be "clinically significant". Work status is unchanged. The injured worker remains on "temporarily totally disabled" status, which is such a profound degree of disability that the patient is largely bedbound and unable to perform basic ADLs. This implies a failure of all treatment, including acupuncture. There is no evidence of a reduction in the dependency on continued medical treatment. Office visits continue at the same frequency. Medication use is unchanged. No additional acupuncture is medically necessary based on lack of functional improvement as defined in the MTUS. The recommendations of the QME are not useful for this Independent Medical Review, as there is no discussion of the specific MTUS recommendations for acupuncture, and his recommendation that all the treatments in the chronic pain MTUS should be made available is illogical and does not apply. It is apparent that not every listed treatment in the chronic pain section of the MTUS is indicated for this or any other injured worker.