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| Case Number: | CM14-0184602 | | |
| Date Assigned: | 11/12/2014 | Date of Injury: | 08/11/2010 |
| Decision Date: | 01/06/2015 | UR Denial Date: | 10/16/2014 |
| Priority: | Standard | Application Received: | 11/05/2014 |

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 and 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 57-year old female who reported bilateral shoulder, bilateral hands and right wrist pain from injury sustained on 08/11/10 due to repetitive typing. Patient is diagnosed with neck pain, cervicgia, carpal tunnel syndrome and wrist pain. Patient has been treated with medication, therapy and acupuncture. Per medical notes dated 09/22/14, patient complains of bilateral shoulder, bilateral hands and right wrist pain rated 6/10. Examination revealed pain over the left radial hand has decreased, popping continues. Provider requested 6-8 acupuncture treatments for left hand/wrist which was denied by the utilization reviewer. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the left hand/wrist x 6-8 visits.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hand/wrist, forearm, Acupuncture

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 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. Per Utilization review, patient has had prior acupuncture treatment. Per medical notes dated 09/22/14, patient complains of bilateral shoulder, bilateral hands and right wrist pain rated 6/10. Examination revealed pain over the left radial hand has decreased, popping continues. Provider requested 6-8 acupuncture treatments for left hand/wrist which was denied by the utilization reviewer. 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 patient 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. Furthermore, Official Disability Guidelines do not recommend acupuncture for hand/wrist pain. Per review of evidence and guidelines, 6-8 acupuncture treatments are not medically necessary.