

Case Number:	CM14-0194046		
Date Assigned:	12/01/2014	Date of Injury:	08/17/2012
Decision Date:	01/20/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/19/2014

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 Acupuncturist and is licensed to practice in Florida. 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 patient is a 55-year-old female who sustained an industrial injury on 8/17/12. The mechanism of the injury is pushing a wheelchair. The patient has been diagnosed with: Repetitive Strain Injury, Bilateral Carpal Tunnel Syndrome, Bilateral Wrist Tendonitis and Trigger Finger. She has been prescribed the following medications: Ambien, Norco, and Celebrex. The documentation suggests the patient handles her medication well. The patient has had been schooled in a home exercise program, received PT and has received acupuncture treatments. The patient has had an unknown number of acupuncture treatments and the subjective findings suggest symptom relief; however, there is no documented functional improvement. After reviewing the documentation provided, the records fail to demonstrate any clinical evidence of functional improvement with the prior course(s) of acupuncture treatment. The medical necessity for the requested Electro acupuncture w/ infrared heat & myofascial release treatment 2 times a week for 4 weeks would not be medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electro acupuncture w/ infrared heat & myofascial release treatment 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Carpal Tunnel Chapter, Acupuncture

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient is a 55-year-old female who sustained an industrial injury to her wrists, and hands on 8/17/12. She takes medication for symptom relief, and the provided documentation suggests that the patient handles the medication well without side effects. The patient has had an unknown amount of acupuncture treatments and the subjective findings are symptom relief. The patient also received schooling in a home exercise program, tens unit and instruction on applying ice to the affected area(s). The patient reported pain relief with prior acupuncture treatments; however, the records provided do not provide clinical support for continued acupuncture care. There is a lack of documentation of functional improvement. As per CA MTUS Acupuncture Medical Treatment Guidelines, Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to expedite functional recovery. Acupuncture treatments may be extended if functional improvement is documented as defined. CA MTUS Acupuncture Guidelines requires clinical evidence of functional improvement for additional care to be considered. CA Acupuncture guidelines cited states that the time to produce significant improvement is 3-6 treatments. It also states that acupuncture may be extended if functional improvement is documented including significant improvement in activities of daily living, reduction of work restriction, and reduction of dependency on continued medical treatment. The current documentation does not provide information that the patient received any benefit from the previous acupuncture sessions. Therefore, the request for Electro acupuncture w/ infrared heat & myofascial release treatment 2 times a week for 4 weeks is not medically necessary.