

Case Number:	CM14-0195596		
Date Assigned:	12/03/2014	Date of Injury:	11/30/2009
Decision Date:	01/16/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/21/2014

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 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 41-year-old female who sustained an industrial injury on 11/30/09. The mechanism of the injury is cumulative trauma. She has been diagnosed with: Carpal tunnel syndrome, tenosynovitis, deQuervains disease, anxiety, and depression. She is on the following medications: Norco, Neurontin, Pristiq, Xanax, and Lunesta. The patient underwent right carpal tunnel release in 2/10. The patient has received 18 acupuncture treatments and PT. After reviewing the documentation provided, the records fail to demonstrate any clinical evidence of functional improvement, reduction of pain medication or efficacy of the previous treatments. The medical necessity for the requested 9 acupuncture sessions has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

9 Acupuncture Treatment Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient is a 41-year-old female who sustained an industrial injury, due to repetitive motion to her wrist on 11/30/09. The patient underwent right carpal tunnel release surgery in February 2010. She has received PT and 18 previous acupuncture treatments. She is

also taking medication to control the pain. The patient has had 18 acupuncture treatments, and there is no documentation of efficacy of the treatments, functional improvement or if the patient's medication has been reduced. As per CA MTUS Acupuncture Medical Treatment Guidelines (9792.24.1) 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 in Section 9792.20 CA MTUS Acupuncture Guidelines requires clinical evidence of functional improvement for additional care to be considered. CA Acupuncture guidelines cited, 9792.24.1 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 9 acupuncture treatments would not be medically necessary.