

Case Number:	CM14-0198672		
Date Assigned:	12/09/2014	Date of Injury:	03/04/2014
Decision Date:	01/22/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/26/2014

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, has a subspecialty in Chiropractic 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:

Claimant is a 52 year old female who sustained a work related injury on 3/4/14. Per a Pr-2 dated 12/2/2014, the claimant is in increased pain. She completed 12 upper extremity rehabilitation and 12 acupuncture treatments which helped her the most. Her diagnoses are right de Quervains, right wrist ganglion, and paresthesia/numbness. She has positive Finkelstein's, and grip strength average of 22 on the right and the left. Other prior treatments include medications and injections. She is working modified duties. Per a Pr-2 dated 10/23/2014, the claimant had improvement from twelve acupuncture treatments in range of motion, increased strength in pushing and pulling objections, and decreased paresthesia, and now pain free at rest. Her average grip strength is 22 on left and 17 on the Right. She is working full duty. Per an acupuncture report dated 10/17/2014, the provider states that the claimant's upper extremity functional scale has improved from an initial score of 28 to a current score of 10. She reports her grip strength as 65 on the right and 60 on the left. Per a PR-2 dated 8/26/2014, the claimant's grip strength is 20 on the left and 21 on the right and is working full duty. Per an initial report from the acupuncturist, the claimant's upper extremity functional score is a 20/80 with grip strength average of 68 on right and 62 on left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 Times A Week for 3 Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture with reported subjective benefits. However, the provider states improvement while objective findings are actually worse pre and post acupuncture with grip strength decreasing and also functional scales decrease. The claimant also went from working full duty to working modified duty. Therefore further acupuncture is not medically necessary.