

Case Number:	CM14-0202197		
Date Assigned:	12/12/2014	Date of Injury:	12/05/2011
Decision Date:	02/06/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/03/2014

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:

The injured worker is a 61 year old female who reported right shoulder and right wrist pain from injury sustained on 12/05/11 due to a fall down the stairs. Patient is diagnosed with carpal tunnel syndrome, partial rotator cuff tear, brachial neuritis, lumbosacral neuritis, rotator cuff syndrome, olecranon bursitis, sprain of hand, sprain of neck, and sprain of lumbar region. Patient has been treated with medication, surgery and therapy. Per medical notes dated 10/20/14, patient returns with increased neck pain radiating into the right upper extremity with numbness and tingling. The patient is status post carpal tunnel release surgery with continues pain in her right hand, especially the thumb. Patient complains of low back pain and spasms. She is also experiencing left wrist pain with numbness and weakness. Per medical notes dated 12/08/14, patient complains of residual pain in the right wrist after undergoing carpal tunnel and trigger finger release. She has difficulty gripping, grasping, lifting, pushing and pulling. She also describes left sided wrist and hand pain with numbness, tingling and weakness. Patient has not had prior Acupuncture treatment. Provider requested initial trial of 12 acupuncture treatments for right shoulder and right wrist which were non-certified by the utilization review on 11/04/14. Therefore, the 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 treatments to the right shoulder and right wrist; 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder

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

Decision rationale: Patient has not had prior Acupuncture treatment. Provider requested initial trial of 12 acupuncture treatments for right shoulder and right wrist which were non-certified by the utilization review on 11/04/14. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Furthermore ODG guidelines do not recommend acupuncture for hand/wrist or forearm pain. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.