

Case Number:	CM15-0003625		
Date Assigned:	01/16/2015	Date of Injury:	07/09/2014
Decision Date:	03/12/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 59 year old female, who sustained an industrial injury on 07/09/2014. She has subsequently reported right wrist and hand pain. The diagnoses have included lateral epicondylitis, consultation of the right hand and wrist, carpal tunnel syndrome and tenosynovitis of the hand and wrist. Treatment to date has included oral pain medication, application of ice, wrist braces and physical therapy. Currently the IW complains of continued intermittent 3-5/10 pain with numbness and tingling. Portions of the most recent PR-2's are difficult to read so the objective physical examination findings are unclear. It's also unclear as to how effective medications and other treatments had been recently due to the illegibility of portions of the records. The PR-2 from 11/26/2014 notes that a request for 10 visits of acupuncture treatment was being made. On 12/09/2014, Utilization Review non-certified a request for acupuncture 1 x wk x 10 weeks of the right wrist noting that there was no documentation that the injured worker's pain medication was being reduced or was not tolerated. MTUS Acupuncture Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 Time A Week for 10 Weeks for The Right Wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, Acupuncture Treatment Guidelines.

Decision rationale: Patient has not had prior Acupuncture treatment. Provider requested initial trial of 10 acupuncture sessions for the right wrist which were non-certified by the utilization review. 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 ACOEM guidelines do not recommend acupuncture for hand/wrist or forearm pain. Per guidelines and review of evidence, 10 Acupuncture visits are not medically necessary.