

Case Number:	CM15-0006629		
Date Assigned:	01/26/2015	Date of Injury:	11/08/1991
Decision Date:	03/11/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/12/2015

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 50 year old female, who sustained a work related injury on 11/8/91. The diagnoses have included bilateral carpal tunnel syndrome and bilateral thumb carpometacarpal synovitis. Treatments to date have included 6 previous acupuncture treatments, use of anti-inflammatories and splints. The injured worker complains of occasional numbness and tingling in both hands. She complains of occasional pain at the base of both thumbs. On 12/23/14, Utilization Review non-certified a request for acupuncture (x2 Months). The MTUS, Acupuncture Medical Treatment Guidelines, were cited. Per a Pr-2 dated 12/3/2013, the claimant felt that acupuncture helped more than anything else and she stopped using anti-inflammatories.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Times Two Months: 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 trial with functional benefit. .However, there is no current documentation submitted on the claimant's current condition and what functional deficits remain to be addressed. The only note submitted is from 12/2013. Without addressing current deficits or a flare-up of her condition, the provider is requesting an unknown quantity of acupuncture for a duration of two months. Requests should should include a frequency and duration or a total number of visits. Therefore further acupuncture is not medically necessary based on lack of updated information on the necessity of acupuncture and a specific number of acupuncture visits requested.