

Case Number:	CM15-0019100		
Date Assigned:	02/09/2015	Date of Injury:	03/12/2014
Decision Date:	04/01/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/02/2015

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: Ohio

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 44-year-old female patient, who sustained an industrial injury on 03/12/2014. Previous treatment is included physical therapy, medications, MRI, EEG, cardiorespiratory diagnostic test, sudoscan, and sleep study. PR 2 dated 10/28/14 notes a chief complaint of right wrist severe stabbing, evening pain, numbness, weakness and cramping. The patient also complains of the left wrist having frequent severe stabbing, burning pain, weakness and cramping. Objective findings are noted as decrease in pain for ranges of motion on the right wrist and decrease in painful ranges of motion of the left wrist. Ranges of motion are not quantified. Current diagnosis is include right carpal tunnel syndrome, right wrist sprain/strain, left carpal tunnel syndrome, left wrist pain, and left wrist sprain/strain. A request was made for acupuncture 8 sessions treating bilateral wrists. On 01/05/2015 Utilization Review non-certified the request, noting the CA MTUS Chronic Pain Acupuncture Guidelines were cited. The injured worker submitted an application for independent medical review of services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x4 bilateral wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture medical treatment guidelines suggest initial trial of acupuncture 3 to 6 treatments 1 to 3 times a week to produce functional improvement. The current request for acupuncture two times a week for four weeks exceeds the guideline recommendation of an initial trial of six visits. There are no extenuating circumstances in the file presented to suggest that the treatment should exceed the recommendation of six visits. Based on the acupuncture medical treatment guidelines and the request exceeding guideline recommendations the request for acupuncture two times a week for four weeks to the bilateral wrists is not medically necessary.