

Case Number:	CM15-0131644		
Date Assigned:	07/17/2015	Date of Injury:	05/29/2013
Decision Date:	08/18/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/07/2015

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 56 year old female, who sustained an industrial injury on May 29, 2013. The injured worker reported pain in her hands while performing routine duties on a retail sales floor. The injured worker was diagnosed as having carpal tunnel release and residual right hand pain and possible complex regional pain syndrome (CRPS). Treatment to date has included carpal tunnel surgery, physical therapy and cortisone injection. A progress note dated May 7, 2015 provides the injured worker complains of headaches, eye pain, neck, back and wrist and hand pain. She rates her pain 4-6/10 at rest and 7-8/10 with activity. She reports weakness, numbness, swelling and locking of affected area. Physical exam notes discoloration and swelling of the right hand with some tenderness. The plan includes acupuncture, x-rays, pain management and follow-up. Six acupuncture treatments were authorized on 7/1/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 4 for the Right Hand/Thumb: 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 authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial. If this is a request for an initial trial, 8 visits exceeds the recommended guidelines for an initial trial. Therefore, further acupuncture is not medically necessary.