

Case Number:	CM15-0132371		
Date Assigned:	07/20/2015	Date of Injury:	04/25/2013
Decision Date:	08/17/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/08/2015

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: 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 32 year old female, who sustained an industrial injury on 4/25/2013. Diagnoses include right carpal tunnel syndrome, right wrist ganglion cyst, left carpal tunnel syndrome and left wrist ganglion cyst. Treatment to date has included acupuncture with massage therapy and bracing. Per the Primary Treating Physician's Follow-up Visit dated 5/26/2015, the injured worker reported bilateral hand/wrist pain but more localized into the first dorsal compartment. She has more pain on the left compared to the right especially at the distal radius at the wrap over point for the first dorsal compartment tendon. She estimates pain improvement with massage and acupuncture from 4-8 improved down to 2-4. Physical examination revealed subjective pain to the upper back, neck and left shoulder blade. There was tenderness and slight swelling to the left distal radius and first dorsal compartment with a positive Finkelstein's test. The plan of care included injections and additional acupuncture and authorization was requested for acupuncture (1x6) for the bilateral hands and wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for bilateral hands and wrists, 1 time a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Although the patient was authorized for 30 acupuncture sessions, it is unclear how many were completed. Despite that the provider indicated that symptoms were decreased with the use of prior acupuncture, it is unclear whether the decrease in symptoms was related to acupuncture or to repeat steroid injections. The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." Given that the patient continues to be symptomatic, and no evidence of any sustained, significant, objective functional improvement (medication intake reduction, work restrictions reduction, activities of daily living improvement or reporting any extraordinary circumstances to override the guidelines recommendations), the request is not medically necessary.