

Case Number:	CM15-0135251		
Date Assigned:	07/23/2015	Date of Injury:	07/18/2004
Decision Date:	08/25/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/13/2015

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 39 year old male, who sustained an industrial injury on July 18, 2004. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having status post bilateral carpal tunnel release, bilateral de Quervain tenosynovitis, extensor carpi ulnaris tendinosis, chronic myofascial pain syndrome, depression, neuropathic pain syndrome and carpopedal muscle spasm. Treatment to date has included medications. On June 29, 2015, the injured worker complained of escalation of bilateral wrist pain with tingling, numbness and paresthesia in hands. The pain was rated as a 7-8 on a 1-10 pain scale. Pulling, pushing, grabbing and grasping with hands made the pain worse. Physical examination revealed positive right-sided Tinel's sign, Phalen's test and bilateral Finkelstein's sign. The range of motion of the bilateral wrists was restricted. The treatment plan included acupuncture therapy twice a week for six weeks and medication. On July 9, 2015, Utilization Review non-certified the request for acupuncture, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for both wrists, 12 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: After reviewing the submitted records, it appears that the patient has not had acupuncture therapy in the past. The guidelines recommend acupuncture for pain. It recommends an initial trial of 3-6 visits over 1-2 months to produce functional improvement. Additional acupuncture may be necessary with documentation of functional improvement. Based on the documents, the patient is a candidate for an initial trial of acupuncture. However, the provider's request for 12 acupuncture session for both wrists exceeds the guidelines recommendation for an initial trial. Therefore, the provider's request is inconsistent with the guidelines and the request is not medically necessary or appropriate at this time.