

Case Number:	CM15-0139049		
Date Assigned:	07/29/2015	Date of Injury:	04/08/2014
Decision Date:	08/26/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/17/2015

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 61 year old female, who sustained an industrial injury on 4/8/14. The diagnoses have included bilateral carpal tunnel syndrome and bilateral wrist tendinitis. Treatment to date has included medications, activity modifications, diagnostics, splinting, bracing, physical therapy and other modalities. Currently, as per the physician progress note dated 6/24/15, the injured worker complains of bilateral wrist and hand pain. The diagnostic testing that was performed included electromyography (EMG)/nerve conduction velocity studies (NCV) of the bilateral upper extremities. The physical exam reveals right wrist has positive Tinel sign, positive carpal tunnel compression test and positive Phalen test. There is swelling in the forearm region and motor strength is slightly decreased. The left wrist exam reveals a positive Tinel sign, positive carpal tunnel compression test and positive Phalen test. There is tenderness over the forearm region. The physician noted that she was offered a cortisone injection; however she did not desire to have it. The previous therapy sessions were not noted. The injured worker is working full duty. The physician requested treatments included Acupuncture evaluation and Acupuncture, Bilateral Wrists, 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture evaluation: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It appears that this is a request for an initial acupuncture trial. Evidenced based guidelines recommend a trial of acupuncture for chronic pain. 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. Since there is no documentation the claimant had prior acupuncture, an acupuncture evaluation is medically necessary.

Acupuncture, Bilateral Wrists, 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It is unclear whether the claimant has had prior acupuncture. If this is a request for an initial trial, twelve visits exceeds recommended guidelines. Evidenced based guidelines recommend a trial of acupuncture for chronic pain, but a request for 12 visits exceeds the recommended guidelines of six or less. If functional improvement is documented, further acupuncture may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, the provider should document functional improvement as a result of the completion of acupuncture. Also total amount completed visits should be submitted. Twelve visits of acupuncture are not medically necessary.