

Case Number:	CM15-0140415		
Date Assigned:	07/30/2015	Date of Injury:	04/07/2015
Decision Date:	08/31/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/20/2015

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 29 year old male who sustained an industrial injury on 7.8.15 when he was involved in an altercation and fell to the ground resulting in immediate pain in the left wrist. He currently complains of pain in the left wrist and elbow. On physical exam of the left wrist there was full but guarded range of motion, tenderness to palpation along the dorsal aspect; left knee patella was tender; left elbow was tender to palpation over the medial and lateral epicondyle. Industrial medication was nabumetone. Diagnoses include torn triangular fibrocartilage complex; sprain, strain left wrist; occult left scaphoid fracture; bilateral knee contusions; left wrist carpal tunnel syndrome; left ulnar subluxation at the elbow; left cubital tunnel syndrome; left elbow medial and lateral epicondylitis. Treatments to date include medications; rest; chiropractic care; wrist braces. Diagnostics include x-ray of the left wrist (4.15.15) unremarkable; x-ray of the left elbow (6.15.15) showing no acute findings; MRI of the left wrist (5.21.15) showing possible carpal tunnel syndrome, tear of the triangular fibrocartilage. In the progress note dated 6.29.15 the treating provider's plan of care includes a request for acupuncture twice per week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x4 for the left wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Provider requested initial trial of 8 acupuncture sessions for left wrist which were modified to 6 by the utilization review. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.