

Case Number:	CM15-0140591		
Date Assigned:	07/30/2015	Date of Injury:	09/20/2012
Decision Date:	08/27/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/22/2015

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:

This is a 61 year old female with a September 20, 2012 date of injury. A progress note dated June 10, 2015 documents subjective complaints (pain level is worsening; pain level previously was rated at 6 to 7 out of 10 and now is 8 to 9 out of 10), objective findings (full range of motion of the bilateral wrists; more pain with extension bilaterally; Tinel's was positive left greater than right at the bilateral wrists; decreased sensation to light touch along the left hand compared to the right hand; decreased grip strength and abduction of the digits of the left hand), and current diagnoses (carpal tunnel syndrome, status post bilateral carpal tunnel release; depression). Treatments to date have included acupuncture which was helpful to reduce pain by about 30%, medications, and bilateral carpal tunnel release. The medical record indicates that medications help control the pain. The treating physician documented a plan of care that included twelve sessions of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained/documentated with previous care. After prior acupuncture sessions rendered in the past (reported as beneficial in symptom reduction, function improvement), additional acupuncture could have been supported for medical necessity by the guidelines. The number of sessions requested (x 12) exceeds significantly the guidelines criteria without any extraordinary circumstances described to support such request. Therefore, and based on the previously mentioned (current request exceeding guidelines) the additional acupuncture x 12 is not medically necessary.