

Case Number:	CM15-0143083		
Date Assigned:	08/04/2015	Date of Injury:	06/20/2012
Decision Date:	09/02/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/23/2015

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 54 year old male, who sustained an industrial injury on June 20, 2012. He reported low back pain and right hand pain radiating to the right wrist, fingers and forearm with associated numbness, tingling, pulsating and weakness sensation. The injured worker was diagnosed as having right wrist sprain and strain, right wrist clinical carpal tunnel syndrome, right forearm sprain and strain, right elbow lateral epicondylitis per magnetic resonance imaging on September 17, 2013 and right wrist effusion per magnetic resonance image on April 7, 2014. Treatment to date has included diagnostic studies, conservative care, acupuncture, medications and work restrictions. Currently, the injured worker continues to report low back pain and right hand pain radiating to the right wrist, fingers and forearm with associated numbness, tingling, pulsating and weakness sensation. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Electromyography and nerve conduction studies (EMG and NCV) on August 1, 2014, revealed no Electrodiagnostic evidence of electrical instability. Magnetic resonance imaging (MRI) of the right wrist on November 12, 2014, revealed first metacarpal trapezium, radiocarpal and ulnocarpal joint effusions, first metacarpal trapezium osteoarthritis, small subchondral cysts within the lunate and triquetrum and no other significant findings. Right forearm MRI was unremarkable. Right elbow MRI revealed common extensor tendinosis (lateral epicondylitis) and no other significant findings. Evaluation on March 27, 2015, revealed right hand pain radiating to the right wrist, fingers and forearm with associated numbness, tingling, pulsating and weakness sensation increased with grasping and improved with medications. It was noted

acupuncture was discontinued secondary to increased pain and swelling with the therapy. He reported previous physical therapy was ineffective and worsened symptoms. Evaluation on May 8, 2015, revealed continued pain as noted. A positive carpal Tinal's test was noted. Acupuncture 2 times a week for 6 weeks qty 12 was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 6 weeks qty 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment which was discontinued due to aggravation of symptoms as a result of acupuncture treatment. Provider requested additional 2X6 acupuncture sessions which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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 or decrease in medication intake. Per review of evidence and guidelines, 12 acupuncture treatments are not medically necessary.