

Case Number:	CM15-0148672		
Date Assigned:	08/11/2015	Date of Injury:	10/29/2004
Decision Date:	09/09/2015	UR Denial Date:	07/11/2015
Priority:	Standard	Application Received:	07/31/2015

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 55 year old female who sustained an industrial injury on 10-29-2004. Mechanism of injury was repetitive motion injuries to her right hand such as carpal tunnel syndrome, right trapezius, cervical and periscapular region involvement. Diagnoses include right trapezius chronic strain, carpal tunnel syndrome, cervical sprain-strain, and periscapular syndrome. Treatment to date has included diagnostic studies, medications, acupuncture, physical therapy, trigger point injections, decompression right shoulder surgery in 2006, and use of a Transcutaneous Electrical Nerve Stimulation unit. On 03-02-2015 an electrodiagnostic study revealed evidence of median nerve entrapment at the level of the right wrist consistent with right carpal tunnel syndrome. A physician progress note dated 06-26-2015 documents the injured worker complains of bilateral hand pain including numbness and tingling in her thumb, index finger and middle finger. She rates her pain as 3-4 on a scale of 0-10. She has started acupuncture and has completed 4 out of 6 sessions with a 30% improvement. The Transcutaneous Electrical Nerve Stimulation unit helps with her trapezius and neck pain. She has mild tenderness along the thenar eminence, and there is a positive Tinel's on the right hand. Range of motion is normal. The treatment plan includes a consultation with an orthopedic hand specialist. Treatment requested is for eight sessions of acupuncture for treatment of the cervical spine and the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight sessions of acupuncture for treatment of the cervical spine and the right wrist:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, 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. The claimant has had prior acupuncture with benefits. However, the provider states an overall 30% improvement without stating any functional measures. Since, the provider fails to document objective functional improvement associated with acupuncture treatment, further acupuncture is not medically necessary.