

Case Number:	CM15-0160044		
Date Assigned:	08/26/2015	Date of Injury:	01/17/2010
Decision Date:	09/29/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/17/2015

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 62 year old male, who sustained an industrial injury on 1-17-10. The injured worker has complaints of chronic bilateral hand pain and wrist pain and paresthesia. Right hand and wrist examination reveals tenderness to palpation noted across wrist, severe hypersensitivity is present, constant right hand pain and decreased and painful range of motion with extension. Left hand examination reveals Tinel's sign is positive; Phalen's test is positive; Finkelstein is positive; pain is present across the distal right radial ulnar joint and positive dorsal 1st compartment tenderness to palpation is noted. The diagnoses have included status post dorsal first compartment release times two on the right side; status post right carpal tunnel release times two; left carpal tunnel syndrome; left De Quervain tenosynovitis and left carpal tunnel release times two. Treatment to date has included acupuncture; norco; lidoderm patches; ambien CR; motrin and home exercise program. The request was for acupuncture treatment 2 times a week for 6 weeks for the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment 2 times a week for 6 weeks 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: The Acupuncture Medical Treatment guidelines recommend acupuncture for pain. It recommends an initial trial of 3-6 visits with a frequency of 1-3 times per week over 1-2 months to produce functional improvement. It states that acupuncture may be extended with documentation of functional improvement. The patient complained of chronic bilateral hand and wrist pain. There was no evidence of prior acupuncture therapy at this time. An acupuncture trial appears to be appropriate. The provider's request for 12 acupuncture session for the left wrist exceeds the guidelines recommendation for an initial trial for which the guidelines recommend 3-6 sessions. Therefore, the provider's request is inconsistent with the evidence-based guidelines and therefore it is not medically necessary at this time. 6 acupuncture sessions would be appropriate to demonstrate functional improvement.