

Case Number:	CM15-0163216		
Date Assigned:	08/31/2015	Date of Injury:	03/08/2013
Decision Date:	10/15/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/19/2015

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, Montana

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 58 year old female (most records indicate that the injured worker is female except the 5-13-15 progress record, which indicates that the injured worker is a male) who sustained an industrial injury on 3-8-13. A review of the medical records indicates that she is undergoing treatment for right wrist carpal tunnel syndrome, right hand sprain and strain, right wrist sprain and strain, and status post right wrist carpal tunnel release January 2014. Medical records (2-18-15 to 5-13-15) indicate ongoing complaints of bilateral hand pain, "8 out of 10", and right wrist pain, "5 out of 10" (5-13-15). The pain is associated with weakness, numbness while sleeping, "giving way" when lifting, and swelling at night. The pain radiates to the right fingers. The physical exam reveals tenderness and spasm over the dorsal and palmar aspect of the right wrist with decreased strength and painful range of motion (5-13-15). Diagnostic studies have included an MRI and EMG-NCV studies. Treatment has included physical therapy and a surgical procedure. A request for authorization for physical therapy 3 times per week for four weeks and acupuncture treatment two times a week for three weeks was made. The utilization review (7-23-15) indicates denial of acupuncture treatment, indicating, "the most recent note provides no rationale for the requested acupuncture" and "there is only documentation of finger numbness".

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment for the right wrist 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Provider requested trial of 6 acupuncture sessions for the right wrist which were non-certified by the utilization review. Acupuncture is used as an option when pain medication is reduced or not tolerated, which was not documented in the provided medical records. Acupuncture is also used as an adjunct to physical rehabilitation or to hasten surgical intervention, which was not documented in the provided medical records. Patient had surgery in 2014. The injury is over 2 years old and passive modality such as Acupuncture is not medically necessary. Per guidelines and review of evidence, 6 Acupuncture visits are not medically necessary.