

Case Number:	CM15-0164313		
Date Assigned:	09/10/2015	Date of Injury:	06/08/2012
Decision Date:	10/07/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/20/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 49 year old female who sustained an injury on 6-8-12 resulting from cumulative trauma. Diagnoses include carpal tunnel syndrome; pain in joint shoulder; lesion ulnar nerve. 7-2-15 examination reveals a follow up on bilateral upper extremity pain secondary to carpal tunnel syndrome and right shoulder pain. She was status post right carpal tunnel release in 2012 and right shoulder arthroscopy in 2013. She continues to have pain, numbness, tingling in bilateral upper extremities; pain in her hands, arms and shoulders. She works in a modified position with job functions that include repetitive use of her hands. Her pain has increased in the left elbow and down the ulnar aspect of her forearm the fourth and fifth digit of her hand. Diagnostic electromyogram studies were completed on 4-3-15 that revealed left ulnar neuropathy at the elbow; chronic motor unit changes consistent with history of carpal tunnel syndrome; no evidence of demyelination; no evidence of cervical radiculopathy, or diffuse polyneuropathy. The musculoskeletal muscle tones in the right upper extremity; left upper extremity was normal. Medications included Tramadol 37.5, 325 mg; Capsaicin 0.075% cream; Diclofenac Sodium 1.5 % gram to affected area three times a day; anti-inflammatory cream. She has never had acupuncture for treatment of her pain and is interested in trying it to see if it will provide pain relief and allow her to continue working. Current requested treatments 12 initial outpatient acupuncture for the left wrist, 12 sessions (frequency and duration unspecified). The utilization review 8-7-15 for 12 initial outpatient acupuncture for the left wrist, 12 sessions (frequency and duration unspecified) are not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 initial outpatient acupuncture for the left wrist, 12 sessions (frequency and duration unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The California chronic pain medical treatment guidelines section on acupuncture states: 1) "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Frequency and duration of acupuncture with electrical stimulation may be performed as follows: 1. Time to produce functional improvement 3-6 treatments 2. Frequency: 1-3 times per week 3. Optimum duration is 1-2 months 4. Treatments may be extended if functional improvement is documented. The request for acupuncture is for a total of 12 sessions. This is in excess of the recommendations. The patient must demonstrate functional improvement in 3-6 treatments for more sessions to be certified. Therefore, the request is in excess of the recommended initial treatment sessions and not certified and therefore is not medically necessary.