

Case Number:	CM15-0168610		
Date Assigned:	09/09/2015	Date of Injury:	03/17/2015
Decision Date:	10/08/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	08/27/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This injured worker is a 37-year-old male who reported an industrial injury on 3-17-2015. His diagnoses, and or impression, were noted to include right upper extremity repetitive strain syndrome; right wrist-hand flexor tenosynovitis; and rule-out carpal tunnel syndrome. The history notes treatment received from 3 other physicians. No current imaging studies were noted. His treatments were reported to include: 3 Cortisone injections into the right foot, resulting in temporary relief; physical therapy - ineffective; approximately 6 chiropractic treatments; wrist braces; diagnostic x-rays; medication management; and rest from work due to unavailable modified work duties. The progress notes of 8-6-2015 reported: pain in his back and inner-side of his right foot; constant, severe back, left hand and foot pain; moderate-severe right hand pain with swelling, constant numbness, tingling, and decreased grip strength; his bilateral hand pain occurs at any time; his foot pain occurs all day long; and that his symptoms were aggravated by activity and improved with rest, medication, therapy, ice, heat and injections. Objective findings were noted to include: hyperesthesia to light touch over the right middle three fingers; slight right hand soft tissue swelling; tenderness over the right volar wrist; positive Tinel's sign at the right median nerve at the wrist; and positive right Phalen's and Flick's signs. The physician's requests for treatments were noted to include a trial course of acupuncture treatments, 2 times a week for 4 weeks, for symptoms unresponsive to standard modalities. The Utilization Review of 8-25-2015 non-certified the request for acupuncture treatments, twice weekly for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture therapy twice weekly for four weeks (quantity eight). : Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to MTUS guidelines, 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. (2) "Acupuncture with electrical stimulation" is the use of electrical current (microamperage or milli-amperage) on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. Physiological effects (depending on location and settings) can include endorphin release for pain relief, reduction of inflammation, increased blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites. (3) "Chronic pain for purposes of acupuncture" means chronic pain as defined in section 9792.20(c). (b) Application (1) These guidelines apply to acupuncture or acupuncture with electrical stimulation when referenced in the clinical topic medical treatment guidelines in the series of sections commencing with 9792.23.1 et seq., or in the chronic pain medical treatment guidelines contained in section 9792.24.2. (c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows:(1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792. 20(ef) (e) It is beyond the scope of the Acupuncture Medical Treatment Guidelines to state the precautions, limitations, contraindications or adverse events resulting from acupuncture or acupuncture with electrical stimulations. These decisions are left up to the acupuncturist. In this case, the frequency of the treatment should be reduced from 8 to 3 or less sessions. More sessions will be considered when functional and objective improvement is documented. Therefore, the request of 8 Acupuncture sessions is not medically necessary.