

Case Number:	CM15-0181109		
Date Assigned:	09/22/2015	Date of Injury:	02/06/2014
Decision Date:	11/09/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/14/2015

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 38 year old female who sustained an injury on 2-6-14. A review of the medical records indicate she has bilateral wrist pain with the diagnoses of bilateral carpal tunnel syndrome; osteoarthritis bilateral hands. The progress report on 5-4-15 indicates she is currently working regular job duties acupuncture was recommended from a previous visit with another physician. She states because of increased typing she has developed worsening pain in bilateral wrist. She has developmental congenital abnormality of bilateral wrists with ulnar and radius being malformed. Symptoms include pain, numbness bilateral wrist and hands; tingling that was described as severe and has been having these symptoms for 2 years; constant and exacerbated by overuse and lessened with rest. Examination reveals tenderness to palpation left wrist; left wrist is stable, no abnormalities of the left wrist with dorsiflexion 70 degrees; right wrist is stable, full range of motion with dorsiflexion to 70 degrees; no tenderness over the left anatomical snuffbox and no tenderness over the right anatomical snuffbox. The treatment plan included injection of Ketorolac 80 mg administered intramuscularly; modified duty, brace for protection, hot and cold packs and a request for acupuncture was pending. Current requested treatments acupuncture 8 visits including evaluation. Utilization review 8-31-15 requested treatment non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 acupuncture visits including evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

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 of unknown quantity and duration and had temporary subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.