

Case Number:	CM15-0184100		
Date Assigned:	09/24/2015	Date of Injury:	08/04/2013
Decision Date:	11/03/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/18/2015

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: 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 42 year old female with a date of injury on 08-04-2013. The injured worker is undergoing treatment for carpal tunnel syndrome, sprain and strains of the shoulder and upper arm, rule out tendinitis, impingement, rotator cuff tear, internal derangement, sprain and strain of the wrist-unspecified, sprains and strain of the hand unspecified, and herniated cervical disc with radiculitis. The most recent physician progress note dated 06-24-2015 documents the injured worker is status post left wrist carpal tunnel release on 03-28-2015, and she is happy with the surgery. She has complaints of pain from the left elbow shooting to her neck. Treatment to date has included diagnostic studies, medications, physical therapy; status post left carpal tunnel release on 03-28-2015. She is not working. The treatment plan is for an IF unit, a paraffin wax machine, continue post-operative physical therapy, 2-3 times a week for 6 weeks to the left wrist, and acupuncture 2 times a week for 6 weeks- the focus should include: decrease muscle spasms and decreasing pain. She is recommended to refill Norco and Voltaren XR 100mg capsules #60. The Request for Authorization dated 06-24-2015 is for acupuncture 2 x 6. On 09-04-2015 the Utilization Review non-certified the requested treatment of acupuncture 2 x 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 6: 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: In reviewing the records available, it does not appear that the patient underwent a prior acupuncture trial. As the patient continued symptomatic despite previous care (physical therapy, oral medication, work modifications and self care, amongst others) an acupuncture trial for pain management would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3 to 6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the primary care physician requested an initial 12 acupuncture sessions, which is exceeding the number recommended by the guidelines without current extenuating circumstances documented, the request is seen as excessive and is not medically necessary.