

Case Number:	CM15-0186845		
Date Assigned:	09/28/2015	Date of Injury:	10/23/2007
Decision Date:	11/12/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/22/2015

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 66 year old female who sustained an industrial injury on 10-23-2007. According to a progress report dated 09-02-2015, the injured worker reported pain and numbness in her left hand. Tinel's sign and elbow flexion tests were negative at the cubital tunnels. The Tinel's sign and Phalen's tests were positive at the left carpal tunnel and negative on the right. There was mild volar forearm tenderness on the left. There was mild tenderness and crepitus at the A1 pulley of the left long finger without triggering. Sensation was diminished in the median nerve distribution in the left hand. Diagnoses included recurrent left carpal tunnel syndrome, status post left carpal tunnel release with ulnar nerve decompression at the wrist and status post left index and long finger releases. The provider noted that the injured worker had evidence of recurrent left carpal tunnel syndrome. She was considering revision left carpal tunnel release with hypothenar flap. She wanted to try a course of acupuncture twice weekly for 6 weeks to try and decrease pain and inflammation. Work status included no heavy, repetitive or forceful use of the left hand. She was to return in 6 weeks. On 09-17-2015, Utilization Review modified the request of 12 acupuncture visits and authorized the request for one follow up visit in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 acupuncture visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The records available were reviewed: it does not appear that the patient has yet undergone an acupuncture trial. Given the patient continued symptomatic despite previous care, an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the provider requested initially 12 sessions, which is significantly more than the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive, and therefore not medically necessary.