

Case Number:	CM15-0187354		
Date Assigned:	09/29/2015	Date of Injury:	11/21/2013
Decision Date:	11/06/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/23/2015

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 55 year old female, who sustained an industrial injury on 11-21-13. The injured worker is being treated for carpal tunnel syndrome with myofascial discomfort and possible lateral epicondylitis. Treatment to date has included physical therapy, acupuncture treatments, oral medications including Nortriptyline and Tramadol and activity modifications. Per a report dated 6/22/2015, the claimant has started acupuncture and has not yet noticed improvement. Per an acupuncture report dated 7/5/15, the claimant had a reduction of the burning quality of pain. Per a Pr-2 dated 7/20/2015, the claimant had worsening pain in her thumb and her shoulder after acupuncture. On 8-17-15, the injured worker reports she is following up on carpal tunnel syndrome and she wishes to pursue nonmedical non-injection, nonsurgical treatments. She feels the acupuncture has helped in the past and would like more visits. Objective findings on 8-17-15 revealed positive carpal compression testing with multiple trigger points of tenderness and full range of motion. On 7-5-15 a recommendation was made to continue with acupuncture care. The treatment plan on 8-17-15 included a prescription for acupuncture. On 9-14-15 a request for 6 acupuncture treatments was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 x 6 bilateral wrists: Upheld

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

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 trial with unclear benefit. Since the provider fails to document objective functional improvement associated with prior acupuncture treatment, further acupuncture is not medically necessary.