

Case Number:	CM15-0187509		
Date Assigned:	10/16/2015	Date of Injury:	12/15/1993
Decision Date:	12/03/2015	UR Denial Date:	09/03/2015
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 51 year old female, who sustained an industrial injury on 12-15-93. The injured worker was diagnosed as having right-sided carpal tunnel syndrome, right-sided cubital tunnel syndrome and bilateral wrist and elbow pain. Subjective findings (8-5-15) indicated aching, burning and stabbing pain in the bilateral wrists and elbows. The injured worker rates her pain 8-9 out of 10. The treating physician noted that the injured worker has not tried chiropractic treatments, acupuncture or a TENS unit. Objective findings (8-5-15) revealed active range of motion in all bilateral upper extremity muscles, tenderness to palpation along the bilateral elbows and wrists and inconsistent sensation to light touch and pin-prick in all extremities. Treatment to date has included right trigger thumb surgery on 7-6-15, physical therapy, Dilaudid, OxyContin, Zofran and Gabapentin. The Utilization Review dated 9-3-15, non-certified the request for acupuncture with electrical stimulation 2 times a week for 6 weeks for the bilateral hand, wrist and elbows.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture with electrical stimulation 2 times a week for 6 weeks for the bilateral hand, wrist and elbows: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: According to the evidence based guidelines, acupuncture is recommended for chronic pain. The guideline recommends an initial trial consisting of 3-6 visits. With evidence of functional improvement, additional acupuncture may be necessary. Based on the medical records, the provider reported that the patient has not tried acupuncture. Therefore, a trial appears to be medically necessary. However, the provider's request for 12 acupuncture session exceeds the guidelines recommendation for an initial trial for which the guidelines recommend 3-6 visits. Therefore, the provider's request is not medically necessary at this time. Six acupuncture sessions would be sufficient to produce some functional improvement. Additional acupuncture may be necessary if there is documentation of functional improvement from prior sessions.