

Case Number:	CM15-0188975		
Date Assigned:	10/01/2015	Date of Injury:	09/24/2007
Decision Date:	11/10/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/25/2015

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 60 year old female, who sustained an industrial injury on September 24, 2007, incurring injuries to the left upper extremity and cervical spine. She was diagnosed with carpal tunnel syndrome, cervical degenerative disc disease and cervical stenosis. She underwent carpal tunnel release and a carpometacarpal joint arthroplasty with reconstruction of the ulnar muscles. Treatment included physical therapy, occupational therapy, neuropathic medications, pain medications, proton pump inhibitor and activity restrictions. Currently, the injured worker complained of left upper extremity pain with numbness and tingling radiating into her fingers and hand. She noted persistent hand spasms that interfered with her activities of daily living. The treatment plan that was requested for authorization on September 23, 2015, included acupuncture two times a week for six weeks to the left upper extremity for 12 sessions. On August 24, 2015, a request for 12 sessions of acupuncture was modified to six sessions of acupuncture to the left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two times a week for six weeks, Left upper extremity Qty: 12: 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 authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial. If this is a request for an initial trial, 12 visits exceeds the recommended guidelines for an initial trial. Therefore, further acupuncture is not medically necessary.