

Case Number:	CM15-0192962		
Date Assigned:	10/07/2015	Date of Injury:	01/30/2014
Decision Date:	11/16/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/01/2015

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 26 year old female, who sustained an industrial injury on 1-30-2014. A review of the medical records indicates that the injured worker is undergoing treatment for thoracic sprain-strain, right shoulder sprain-strain, bilateral carpal sprain-strain, bilateral triangular fibrocartilage tear, bilateral wrist sprain-strain, left wrist tenosynovitis, status post left wrist surgery, right metacarpophalangeal, acute stress disorder, and costochondritis. On 7-28-2015, the injured worker reported mid back pain rated 4 out of 10 on a scale of 0 to 10, right shoulder pain rated 6 out of 10, bilateral wrist pain rated 6 out of 10, right hand pain rated 6 out of 10 and anxiety and irritability. The Primary Treating Physician's report dated 7-28-2015, noted that "following a course of conservative treatment", the injured worker was seen for a final permanent and stationary evaluation. The injured worker was noted to not be taking any medication at the time. The physical examination was noted to show tenderness to palpation over the right trapezius and thoracic paravertebral muscles, and the acromioclavicular joint and posterior shoulder. Tenderness to palpation was noted over the left dorsal and volar wrist, with carpal compression causing pain bilaterally as well as a positive grind test bilaterally. A MRI of the left wrist dated 3-6-2015, was noted to show dorsal intercalated segment instability, subchondral cyst-erosion at capitate, small radiocarpal, ulnocarpal, and intercarpal joint effusion, and partial tear of the triangular fibrocartilage complex. A 6-154-2015 electromyography study of the bilateral upper extremities was noted to be normal with a normal nerve conduction velocity (NCV) study. Prior treatments have included at least 12 sessions of physical therapy, left hand cortisone injection, left hand surgery 9-10-2014, and a Functional Capacity Evaluation

(Functional Capacity Evaluation (FCE). The treatment plan was noted to include transdermal compounded medications, and medications including Nabumetone, Omeprazole, Flexeril, Cyclobenzaprine, and Diclofenac Sodium. On 6-16-2015, the Primary Treating Physician's treatment plan was noted to include acupuncture, physiotherapy, compounded creams, TENS, referral to an orthopedic surgeon, and bilateral wrist braces. The injured worker's work status was noted to be permanent and stationary. The request for authorization dated 9-4-2015, requested acupuncture, once a week for six weeks for the left wrist. The Utilization Review (UR) dated 9-14-2015, denied the request for acupuncture, once a week for six weeks for the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, once a week for six weeks for the left wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." The patient already underwent 24 acupuncture sessions without any sustained, significant, objective functional improvement (quantifiable response to treatment) provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore, based on the lack of documentation demonstrating medication intake reduction, work restrictions reduction, activities of daily living improvement or reporting any extraordinary circumstances to override the guidelines recommendations, the additional acupuncture x 6 fails to meet the criteria for medical necessity.