

Case Number:	CM15-0193429		
Date Assigned:	10/07/2015	Date of Injury:	07/09/2008
Decision Date:	11/20/2015	UR Denial Date:	09/04/2015
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, Montana

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 was a 34 year old female, who sustained an industrial injury, July 9, 2008. The injured worker was undergoing treatment for bilateral carpal tunnel syndrome, bilateral ulnar neuritis and left De Quervain's syndrome. According to the progress note of August 22, 2014 the injured worker had been participating in acupuncture and the injured worker was not taking pain medication. According to the progress note of May 8, 2015, the injure worker's pain level was 7 out of 10. The injured worker stated that acupuncture was helping with the symptoms. The treating physician was requesting 6 further acupuncture visits. According to progress note of July 10, 2015, the injured worker's chief complaint was bilateral wrist and hand pain. The injured worker was undergoing acupuncture treatments, which helped to bring the pain back down. The physical exam of the hands noted positive Tinel's sign over the bilateral carpal tunnels, the right worse than the left. The median compression was positive over the carpal tunnels as well. According to the treating physical the injured worker was not pursuing surgery or injections at this time. The injured worker was receiving good relief from acupuncture. The treating physician requested continuation of acupuncture even though this was a chronic condition. The injured worker previously received the following treatments 22 sessions of acupuncture. The RFA (request for authorization) dated July 10, 2015, the following treatments were requested 8 acupuncture visits. The UR (utilization review board) denied certification on September 4, 2015; for acupuncture treatments for the bilateral wrists for 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture of Bilateral Wrist for 8 Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 8 acupuncture sessions which were non-certified by the utilization review. Medical records document "pain relief" with acupuncture; however, there is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Furthermore requested visits exceed the quantity supported by cited guidelines. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 8 acupuncture treatments are not medically necessary.