

Case Number:	CM15-0194901		
Date Assigned:	10/08/2015	Date of Injury:	03/30/2009
Decision Date:	11/19/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/05/2015

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 59 year old female, who sustained an industrial injury on 3-30-09. The injured worker was diagnosed as having bilateral wrist and hand pain and bilateral recurrent carpal tunnel syndrome. Medical records (5-7-15 through 8-6-15) indicated pain, numbness and tingling in the bilateral wrists. The treating physician noted that the injured worker previously had a bilateral carpal tunnel release (date of surgeries not provided). The physical exam (5-7-15 through 8-6-15) revealed a positive Tinel's sign bilaterally, normal wrist range of motion and edema in both wrists and hands. As of the PR2 dated 9-17-15, the injured worker reports pain in her bilateral wrists and hands. She describes the pain as throbbing, shooting, sharp and radiating- type pain with inability to move and use the hands well secondary to pain. Objective findings include a positive Tinel's sign bilaterally, normal wrist range of motion and edema in both wrists and hands. Treatment to date has included an EMG-NCV of the bilateral upper extremities on 10-10-14 showing evidence of right median sensory neuropathy and Naprosyn. The treating physician requested acupuncture 2 x weekly for 4 weeks for the bilateral wrists-hands. The Utilization Review dated 9-28-15, non-certified the request for acupuncture 2 x weekly for 4 weeks for the bilateral wrists-hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two (2) times a week for four (4) weeks for the Bilateral Wrist/Hands: 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 of unknown quantity and duration and had subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.