

Case Number:	CM15-0196665		
Date Assigned:	10/12/2015	Date of Injury:	06/17/1998
Decision Date:	11/18/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/06/2015

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 65-year-old female, with a reported date of injury of 06-17-1998. The diagnoses include bilateral carpal tunnel syndrome, right index finger stenosis tenosynovitis, and status post left long finger trigger release. Treatments and evaluation to date have included Naprosyn and acupuncture therapy. The diagnostic studies to date have not been included in the medical records provided. The progress report dated 06-16-2015 indicates that the injured worker presented for follow-up of her work-related injury to her hands and wrists. She still had ongoing aching and stabbing pain in the right and left wrist and constant numbness and tingling. The pain was constant at 5-6 out of 10. The injured worker also complained of pain in the neck and bilateral shoulders, which was rated 7 out of 10; bilateral elbow pain, which was rated 7 out of 10; and bilateral knee, left leg, and right ankle and foot pain. It was noted that the injured worker attended acupuncture therapy which she stated was helping. On 01-27-2015, the injured worker complained of ongoing bilateral hand, wrist, and elbow pain; wrist pain, rated 5 out of 10; bilateral shoulder pain, rated 6 out of 10; and bilateral knee pain, rated 6 out of 10. The physical examination (06-16-2015) showed tenderness to the palm and to the metacarpophalangeal joint of the left hand third and fourth digits; no active triggering; bilateral elbow tenderness, right side greater than left with lateral epicondyle and medial epicondyle tenderness; mild medial epicondylar area inflammation with painful pronation and supination on resistance range of motion; painful grip had decreased; and mild decreased median nerve sensation. The injured worker is presently not working. The injured worker remained permanent and stationary. The medical records do not include the previous acupuncture therapy reports. The request for authorization was dated 06-16-2015. The treating physician requested additional acupuncture two times a week for four weeks. On 09-08-2015, Utilization Review (UR) non-certified the request for additional acupuncture two times a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture 2 per week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The utilization review document of September 4, 2015, denied the treatment request for additional acupuncture, two visits per week for four weeks in management of patient's right and left wrist citing CA MTUS acupuncture treatment guidelines. The June 16, 2015 supplemental report addressed the patient is having continued pain in the bilateral wrist areas as well as bilateral shoulders, bilateral elbows and bilateral knees. Both right ankle and right foot were also dressed as having pain residuals. The review documents extensive acupuncture treatment with no evidence that applied care to the affected regions produced functional improvement as required by referenced guidelines. The medical necessity for additional acupuncture care two visits per week for four weeks or a total of eight sessions was not supported by the reviewed medical records or consistent with the prerequisites for additional acupuncture care per CA MTUS acupuncture treatment guidelines. Therefore, the request is not medically necessary.