MAXIMUS Federal Services

Case Number:	CM15-0201656		
Date Assigned:	10/16/2015	Date of Injury:	10/18/2013
Decision Date:	12/02/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/13/2015

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 34 year old female, who sustained an industrial injury on 10-18-2013. She has reported injury to the bilateral hands and wrists. The diagnoses have included overuse syndrome, bilateral hands; bilateral carpal tunnel syndrome; 4 mm subchondral cyst, left scaphoid; and bilateral first carpometacarpal joint arthralgia. Treatment to date has included medications, diagnostics, splinting, bracing, activity modification, injections, occupational therapy, and acupuncture. Medications have included Ibuprofen, Tramadol, Naproxen, and Omeprazole. A progress report from the treating provider, dated 08-20-2015, documented an evaluation with the injured worker. The injured worker reported right hand and wrist pain, with numbness in her palm and fingers; she states that her symptoms are increased with fine and gross motor function as well as use of a keyboard and mouse; she rates her symptoms as a 5-6 out of 10 in intensity; left wrist and hand pain; and this pain is rated as a 7 out of 10 in intensity. Objective findings included Jamar grip strengths are decreased bilaterally; there is improved sensation in the right palm; positive Phalen's, reverse Phalen's, and Tinel's testing; improved sensation and strength in the left palm and all fingers; and positive Phalen's, reverse Phalen's, Tinel's, Durkan's, and Finkelstein's testing. Per a report dated 5/27/15, the claimant states that acupuncture is helping. Her pain level was reduced from 8/10 to 6/10. Her range of motion has also improved. The treatment plan has included the request for acupuncture 2 times a week for 5 weeks for bilateral hands. The original utilization review, dated 09-03-2015, non-certified the request for acupuncture 2 times a week for 5 weeks for bilateral hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 5 weeks for bilateral 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.