

Case Number:	CM15-0203037		
Date Assigned:	10/19/2015	Date of Injury:	08/20/2003
Decision Date:	12/01/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/15/2015

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 47 year old female, who sustained an industrial injury on August 20, 2003. The injured worker was diagnosed as having bilateral carpal tunnel syndrome with status post surgery, status post residual pain to the pillar areas, and "mild to moderate" right middle finger trigger finger. Treatment and diagnostic studies to date has included status post surgery for bilateral carpal tunnel syndrome, electromyogram, and medication regimen. In a progress note dated June 02, 2015 the treating physician reports complaints of pain to the bilateral carpal tunnel sites along with right middle finger trigger finger. Examination performed on June 02, 2015 was revealing for "mild" right middle trigger finger and palpable first annular (A1) pulley nodule on the right side. The medical records provided did not include documentation on therapies performed including acupuncture. In the progress note from April 14, 2015 the treating physician noted that acupuncture was discussed with the injured worker, but the treating physician noted that this treatment "is not a suitable treatment for trigger finger, and she will think about her options long term." The treating physician requested six sessions of acupuncture to the bilateral wrists, but did not indicate the specific reason for the requested treatment. On September 18, 2015 the Utilization Review determined the request for six sessions of acupuncture to the bilateral wrists to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Acupuncture sessions, bilateral wrists: 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." Despite that an unknown number of acupuncture sessions were rendered in the past (prior acupuncture was authorized on 10-22-14, number of sessions completed was unreported), there is a lack of any objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture to support the reasonableness and necessity of the additional acupuncture requested. In addition, the request for acupuncture is not supported by a current report indicating the subjective complains (pain level), objective findings, or functional deficits to understand the need for additional care in the form of acupuncture. 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 6 Acupuncture sessions is not medically necessary.