

Case Number:	CM15-0205630		
Date Assigned:	10/22/2015	Date of Injury:	04/13/2014
Decision Date:	12/04/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/19/2015

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: Preventive Medicine, Occupational 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 50 year old male, who sustained an industrial injury on 4-13-2014. The medical records indicate that the injured worker is undergoing treatment for status post laceration injury to the right wrist, right De Quervain's release, myofascial pain syndrome, repetitive strain injury, and osteomyelitis. According to the progress report dated 9-30-2015, the injured worker presented with complaints of pain in the bilateral wrists, associated with numbness. The physical examination of the bilateral wrists reveals tenderness, decreased reflexes, diminished sensation, and spasms. The current medications are Naprosyn, Omeprazole, Flexeril, Neurontin, and Lidopro. Previous diagnostic studies include x-rays. Treatments to date include medication management, hand therapy, home exercise program, and surgical intervention. Work status is described as "not fit for duty". The original utilization review (10-13-2015) partially approved a request for 4 acupuncture sessions to the bilateral wrists (original request was for #8).

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to bilateral wrists x 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The MTUS Guidelines recommend the use of acupuncture in the treatment of chronic pain to improve function. The recommended time to produce functional improvement is 3 to 6 sessions at a frequency of 1 to 3 times per week over 1 to 2 months. Additional treatments may be necessary if there is documented functional improvement as a result to the trial of 3 to 6 sessions. In this case, the medical records indicate that the injured worker is undergoing treatment for status post laceration injury to the right wrist, right De Quervain's release, myofascial pain syndrome, repetitive strain injury, and osteomyelitis. A trial of acupuncture is warranted in this case, however, this request for 8 sessions exceeds the recommendations of the guidelines. The request for acupuncture to bilateral wrists x 8 is determined to not be medically necessary.