

Case Number:	CM15-0210855		
Date Assigned:	10/29/2015	Date of Injury:	09/11/2013
Decision Date:	12/14/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/27/2015

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:

This 45 year old woman sustained an industrial injury on 9-11-2013. Diagnoses include myofascial pain, hand pain, chronic pain syndrome, carpal tunnel syndrome, and hand joint pain. Treatment has included oral medications and acupuncture that was very helpful. Physician notes dated 9-29-2015 show complaints of pain in the bilateral hands and going up the bilateral arms. The physical examination shows bilateral hand interosseous and abductor pollicis strength rated 2+ out of 5, bilateral wrist flexors are rated 3 out of 5, and wrist flexion is limited to 20 degrees bilaterally. Recommendations include additional acupuncture, additional pain psychology sessions, Gabapentin, and follow up in one month. Utilization Review denied a request for additional acupuncture sessions on 10-9-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 6 sessions for the bilateral wrists and hands: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The utilization review determination of 10/8/2015 denied the treatment request for six additional acupuncture visits to the patient's bilateral wrist and hands (CPT 97810) citing CA MTUS acupuncture treatment guidelines. The patient's prior medical history does include a prior course of six acupuncture visits to the patient's bilateral wrists and hands with the requesting physician failing to provide evidence of functional improvement which is required by referenced CA MTUS acupuncture treatment guidelines. The request for the additional acupuncture care, six visits of acupuncture to the bilateral wrists and hands is not medically necessary and was not supported by the reviewed medical records or in compliance with the prerequisites for consideration of additional treatment per CA MTUS acupuncture treatment guidelines.