

Case Number:	CM15-0211725		
Date Assigned:	10/30/2015	Date of Injury:	07/24/2015
Decision Date:	12/15/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/28/2015

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 38 year old female, who sustained an industrial injury on 7-24-2015. The injured worker is undergoing treatment for: bilateral wrist pain, bilateral hand pain, bilateral carpal tunnel syndrome, bilateral upper extremity overuse syndrome. On 8-20-15, she reported pain to the bilateral wrists and bilateral hands. She rated her pain 8-9 out of 10 and indicated there was numbness and tingling in both wrists and hands. Physical examination revealed decreased grip strength, positive median nerve compression test, positive tinel and phalen testing, negative finklestein testing, negative first CMC grind testing, noted edema in both wrists more on the right than left, and unrestricted full range of motion of the bilateral wrists. On 9-17-15, she reported bilateral hand and wrist pain, described as clicking, locking and catching with numbness and tingling. Physical examination revealed tenderness, positive tinels and carpal tunnel compression testing. The treatment and diagnostic testing to date has included: MRI of the bilateral wrists (10-20-15), bracing, multiple sessions of therapy, electrodiagnostic study (date unclear). Medications have included: hydrocodone-APAP, diclofenac, cyclobenzaprine, pantoprazole, tramadol. Current work status: temporary total disability. The request for authorization is for: acupuncture 2x4 for bilateral wrists. The UR dated 10-2-2015: non-certified the request for acupuncture 2x4 for bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x4 for 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 Acupuncture treatment guidelines recommend acupuncture for chronic pain. It recommends an initial trial of 3-6 visits to produce functional improvement. Additional acupuncture session may be necessary with documentation of functional improvement. Based on the submitted documents, the patient reported of having bilateral wrist pain, bilateral hand pain, and bilateral carpal tunnel syndrome. There was no evidence that the patient received acupuncture care in the past. Therefore a trial of acupuncture appears to be necessary. However, the provider's request for 8 acupuncture session for the bilateral wrists exceeds the guidelines recommendation for an initial trial and therefore is not appropriate at this time. Six acupuncture sessions would be medically necessary and appropriate to demonstrate functional improvement. Additional acupuncture beyond the six initial session would be warranted with documentation of functional improvement. This request is not medically necessary.