

Case Number:	CM15-0032203		
Date Assigned:	02/25/2015	Date of Injury:	07/13/2012
Decision Date:	04/10/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/20/2015

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 45 year old female, who sustained an industrial injury on 7/13/2012. The details of the initial injury and treatments were not submitted for this review. She is documented to be status post right carpal tunnel release. The diagnoses have included carpal tunnel, unspecified internal derangement of the knee, joint pain, lower leg, chondromalacia of patella, tear of medial cartilage or meniscus of the knee and carpal tunnel syndrome. Treatment to date has included post operative physical/occupational therapy. Currently, the IW complains of no change from prior evaluation. The physical examination from 1/6/15 documented left hand with a positive Durkan's test, with right arm healing, showing reasonably preserved Range of Motion (ROM), healed surgical wound, and positive grind test and positive Finkelstein's test. The plan of care was for continuation of previously prescribed medications, authorization request for left carpal tunnel release, and therapy. On 1/30/2015 Utilization Review non-certified twelve (12) acupuncture sessions two times a week for six weeks to left wrist, noting the requested treatment was not clinically indicated. The MTUS Guidelines were cited. On 2/20/2015, the injured worker submitted an application for IMR for review of twelve (12) acupuncture sessions two times a week for six weeks to left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Acupuncture 2 times a week for 6 weeks to the left wrist as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: The Post-Surgical Medical Treatment Guideline recommends 3-8 visits over 3-5 weeks for patients undergoing surgery for carpal tunnel. The provider's request for 12 acupuncture session exceeds the guidelines recommendation for post-surgical physical medicine. The provider's request is inconsistent with the evidence based guidelines. The provider's request for 12 acupuncture session to the left wrist is not medically necessary at this time.