

Case Number:	CM15-0050074		
Date Assigned:	03/23/2015	Date of Injury:	04/09/2013
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/17/2015

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 48-year-old female, who sustained an industrial injury on 4/9/13. She reported pain in bilateral wrists and hands. The injured worker was diagnosed as having wrist sprain, pain in limb, DeQuervain's, wrist tendonitis/bursitis and elbow tendonitis/bursitis. Treatment to date has included physical therapy, acupuncture treatments, oral medications and topical medications. Currently, the injured worker complains of pain in both wrists and right elbow along with difficulty sleeping due to pain and discomfort. Physical exam noted loss of grip strength over the bilateral wrist with decreased range of motion and tenderness over the lateral epicondyle of right elbow with pain and resisted wrist extension. It is noted previous acupuncture treatments have helped to reduce the pain. The treatment plan is for additional 12 sessions of acupuncture and continued use of oral and topical medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture Sessions QTY: 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient has chronic pain in the bilateral wrist and hands. The patient's treatment to date consisted of physical therapy, acupuncture, oral medications, and topical medications. The Acupuncture Medical Treatment guideline states that acupuncture may be extended if there is documentation of functional improvement. Records indicate that the patient completed 6 acupuncture sessions. The provider noted that past acupuncture treatments helped reduced the pain and increase functional capacity and facilitate activities of daily living. However, there was no objective quantifiable documentation regarding functional improvement. Therefore, the provider's request for 12 acupuncture sessions is not medical necessary at this time.