

Case Number:	CM15-0058221		
Date Assigned:	04/03/2015	Date of Injury:	08/01/2009
Decision Date:	05/07/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/26/2015

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 58 year old male with an industrial injury dated August 1, 2009. The injured worker diagnoses include status post right carpal tunnel release and right cubital tunnel release on 5/10/2010 and status post left carpal tunnel release and left cubital tunnel release on 10/17/2011, multilevel disc protrusions, sleep disturbance due to pain and depression. Treatment consisted of diagnostic studies, prescribed medications and periodic follow up visits. In a qualified medical re-evaluation dated October 9, 2014, the injured worker reported neck pain and bilateral wrists and hand pain. There was no current progress notes submitted for review. The treating physician prescribed services for acupuncture treatments for the left hand/wrist now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Evaluate Treatment At 2 Times A Week for 3 Weeks for The Left Hand/Wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guideline states that acupuncture may be extended with documentation of functional improvement. Records indicate that the patient has had 18 acupuncture sessions. There was no documentation of functional improvement from prior acupuncture treatment. Based on the lack of functional improvement obtained from acupuncture treatments in the past, additional acupuncture is not warranted at this time. Therefore, the provider's request for 6 acupuncture session to the left wrist and hand is not medically necessary at this time.