

Case Number:	CM15-0058267		
Date Assigned:	04/03/2015	Date of Injury:	07/20/2000
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 66 year old female, who sustained an industrial injury on 07/20/2000. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care and medications. Currently, the injured worker complains of intermittent bilateral hand pain. The diagnoses include status post bilateral carpal tunnel release. The treatment plan consisted of 12 sessions of acupuncture over the course of the year. Per a PR-2 dated 2/10/2015, the claimant continues to use tramadol, rantidine, advil and biofreeze. Grip strength is 58 on the right and 37 on the left. Per a Pr-2 dated 1/27/14, the claimant's grip strength is 60 on the right and 34 on the left. The claimant has had 9 treatments in 2012, 6 treatments in 2013, and at least 6 in 2014. A prior review states that she has had 12 sessions recently. Per an acupuncture note, the claimant has had acupuncture treatments for over 10 years. Her condition has stabilized and acupuncture helps her experience less pain consistently and take little to no narcotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 x a month for 12 months (total 12): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had extensive prior acupuncture of unknown quantity and duration. She appeared to make initial gains with acupuncture but has now reached a stable and maintained state. There is no report of recent functional gains due to acupuncture. In fact grip strength is lower on the right and higher on the left than the prior year. It appears that acupuncture is being requested for maintenance and not for further functional gains. Since the provider fails to document objective functional improvement associated with recent acupuncture treatment, further acupuncture is not medically necessary.