

Case Number:	CM15-0062446		
Date Assigned:	04/08/2015	Date of Injury:	12/30/2013
Decision Date:	05/12/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/02/2015

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 39 year old female, who sustained an industrial injury on 12/30/13. She reported initial complaints of numbness and tingling in both hands, wrist, and forearm. The injured worker was diagnosed as having carpal tunnel syndrome and bilateral deQuervain's tenosynovitis, and probable arthritis to the right thumb. Treatment to date has included medication, physical therapy, injections, diagnostics, surgery (right carpal tunnel release and right trigger thumb release on 8/14/14). Currently, the injured worker complains of weakness in the right hand and pain to the left elbow. Per the primary physician's progress report (PR-2) from 3/11/15, there was pain in both wrists. Current plan of care included pending surgery for the left wrist after conduction nerve testing (EMG). The requested treatments include 12 Acupuncture Sessions. Per a report dated 2/27/15, the claimant has had acupuncture visits approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Acupuncture Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It is unclear whether the claimant has had prior acupuncture. If this is a request for an initial trial, twelve visits exceeds recommended guidelines. Evidenced based guidelines recommend a trial of acupuncture for chronic pain, but a request for 12 visits exceeds the recommended guidelines of six or less. If functional improvement is documented, further acupuncture may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, the provider should document functional improvement as a result of the completion of acupuncture. Also total amount completed visits should be submitted. It appears that there might have already been an acupuncture trial authorized in 2015. Twelve visits of acupuncture are not medically necessary as requested.