

Case Number:	CM15-0086408		
Date Assigned:	05/08/2015	Date of Injury:	05/29/2013
Decision Date:	06/23/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/05/2015

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 54-year-old female, who sustained an industrial injury on 5/29/2013. The current diagnoses are status post left endoscopic carpal tunnel release (ECTR), flexor tenosynovitis of the right wrist, and stenosing tenosynovitis left ring finger. According to the progress report dated 3/17/2015, the injured worker is two months status post ECTR. She complains of some pillar pain. She has improved numbness and tingling. She also has new onset triggering in the left ring finger. Additionally, she reports increased right volar wrist pain. The physical examination reveals mild tenderness at the A1 pulley base of the left ring finger. There is mild tenderness at the right volar-distal forearm. Grip is 20 on the right and 10 on the left. The current medication list is not available for review. Treatment to date has included medication management, occupational therapy, injection, and surgical intervention. The plan of care includes 12 acupuncture sessions for the cervical spine, hands, and elbows.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of acupuncture for cervical spine, hands & elbows: 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: The Acupuncture Medical Treatment guideline states that acupuncture may be extended with documentation of functional improvement. The patient has had prior acupuncture treatment. There was no objective, quantifiable documentation regarding functional improvement from past acupuncture sessions. Therefore, additional acupuncture sessions are not warranted at this time. The provider's request for 12-acupuncture session for the cervical spine, hands, and elbows are not medically necessary at this time.