

Case Number:	CM15-0089270		
Date Assigned:	05/13/2015	Date of Injury:	10/15/2014
Decision Date:	06/19/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/08/2015

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 36-year-old female, who sustained an industrial injury on October 15, 2014. She reported a cumulative trauma injuries bilateral wrists and hands. The injured worker was diagnosed as having carpal tunnel syndrome (median nerve entrapment at wrist) and tendinitis/bursitis of the hand/wrist. Diagnostic studies to date have included electrodiagnostic studies and MRI. Treatment to date has included work modifications, physical therapy, and medications including topical pain and non-steroidal anti-inflammatory. On March 23, 2015, the injured worker complains of constant severe, cramping pain of the bilateral wrists and hands. Her pain is aggravated by grasping items. The physical exam revealed 2+ spasm and tenderness of the bilateral anterior wrists, posterior extensor tendons, and thenar eminences. The bilateral Tinel's (carpal, Bracelet, and Phalen's tests were positive. The right Tinel's (Gunyon) was positive. The Jamar readings were: left wrist = 20/25/25 and right wrist = 30/35/30. The treatment plan includes 6 sessions of acupuncture for the bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 2 times per wk for 3 wks, for bilateral wrists, 6 sessions: Overturned

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 recommends acupuncture for pain. It recommends a trial of 3-6 sessions over 1-2 months to produce functional improvement. The patient complained of constant severe pain. Based on the submitted documents, there was no evidence of prior acupuncture care. Therefore, an acupuncture trial may be necessary. The provider's request for 6-acupuncture sessions is consistent with the evidence-based guidelines and therefore is medically necessary at this time.