

Case Number:	CM15-0241073		
Date Assigned:	12/18/2015	Date of Injury:	03/10/2011
Decision Date:	01/29/2016	UR Denial Date:	11/16/2015
Priority:	Standard	Application Received:	12/10/2015

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: 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 March 10, 2011. She reported injury to her hands and back. The injured worker was currently diagnosed as having cervical spine discopathy, lumbar spine discopathy, bilateral hand-wrist carpal tunnel syndrome and status post right carpal tunnel release (06-10-15). Treatment to date has included diagnostic studies, surgery, physical therapy, wrist brace, home exercise, modified work duty, wrist splints and medication. On October 28, 2015, the injured worker complained of ongoing pain to her bilateral hands as well as her neck and back. She complained of pain with pins and needles sensation in her hands rated a 7 on a 1-10 pain scale. On the day of exam, she was taking ibuprofen and omeprazole and stated the ibuprofen was "helping." Physical examination of the right hand revealed tenderness, some decreased sensation of the distal thumb tip and painful Phalen's sign. Notes stated she had eight visits of therapy to after right carpal tunnel release surgery and further therapy treatments were denied. Notes stated that she was "only barely getting the flexibility back." She was doing some self-directed exercises with a squeeze ball and using towels for benefit of pain but this was not official directed therapy. The treatment plan included acupuncture therapy eight visits twice a week for four weeks for the bilateral upper extremities for pain for the hand. On November 16, 2015, utilization review modified a request for acupuncture therapy for the right wrist quantity of eight to acupuncture therapy for the right wrist quantity of six. A request for orthopedic re-evaluation was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture therapy for right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. Given the patient continued symptomatic an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the provider requested initially 8 sessions, which exceeds the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive, therefore not medically necessary.