

Case Number:	CM14-0115045		
Date Assigned:	08/04/2014	Date of Injury:	04/02/2013
Decision Date:	10/10/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Chiropractic, has a subspecialty in Acupuncture and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 47 year old female who reported bilateral wrist pain from injury sustained on 04/02/13. Patient states that in early April/2013 she began experiencing intense throbbing pain in her right wrist whenever she typed. An MRI of the right wrist on 11/14/13 revealed mild negative ulnar variance with irregularity of the distal ulna with a spur abutting the triangular fibrocartilage which otherwise appeared to be intact without evidence of tear. There were also ultrasounds of the bilateral wrists which revealed no abnormalities. Patient is diagnosed with tendonitis of the bilateral wrists, positive for De Quervain's tenosynovitis in both left and right wrists, history of degenerative bilateral wrist. Patient has been treated with medication, physical therapy and acupuncture treatment. Per notes dated 06/12/14, patient complains of occasional dull aching pain in her wrists, in the right more so than the left. She indicates that the pain interferes with her sleep and she is experiencing an increase in her stress and anxiety due to the injury. Tenderness to palpation is noted in both wrists as well as restricted ranges of motion in all planes with pain at the extremes. A positive Finkelstein's test is noted on the right. Primary treating physician requested additional 2X4 acupuncture treatments. Patient has had prior acupuncture treatment however there is no documented functional improvement. Patient has had 8 previous acupuncture sessions. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has had prior acupuncture treatment. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, additional 2X4 acupuncture treatments are not medically necessary.