

Case Number:	CM14-0144988		
Date Assigned:	09/12/2014	Date of Injury:	05/29/2011
Decision Date:	10/14/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/08/2014

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 and 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 57 year old female who reported carpal tunnel syndrome and trigger finger from injury sustained on 05/29/11 due to repetitive stress of opening garbage bin. EMG of the upper extremity revealed severe right carpal tunnel syndrome. The patient is diagnosed with carpal tunnel syndrome and trigger finger. The patient has been treated with carpal tunnel release surgery and trigger finger release surgery; medication; hand therapy and acupuncture. Per medical notes dated 07/16/14, there is slight swelling in the right pals. There is slight tenderness at each scar in the palm. There is good motion in the joint of the right hand/wrist. Per medical notes dated 08/06/14, patient complains of undefined pain in the right hand extending to the elbow. Examination revealed no swelling in the right hand; she had tenderness at the scars and over the extensors of right forearm. Primary treating physician is requesting additional 8 acupuncture sessions. Per utilization review dated 08/21/14, patient has had 8 acupuncture treatments to date. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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. There is no evidence that this patient exhibits significant functional loss and is unable to perform an independent, self-directed, home exercise program, rather than the continuation of skilled intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Acupuncture Guidelines

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome; hand, wrist and forearm pain, Acupuncture

Decision rationale: Per the 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. Per utilization review dated 08/21/14, patient has had 8 acupuncture treatments to date. Provider is requesting additional 8 treatments. 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. There is no evidence that this patient exhibits significant functional loss and is unable to perform an independent, self-directed, home exercise program, rather than the continuation of skilled intervention. Furthermore, Official Disability Guidelines do not recommend acupuncture for carpal tunnel syndrome; hand, wrist or forearm pain. Per review of evidence and guidelines, additional acupuncture treatments are not medically necessary.