

Case Number:	CM14-0149036		
Date Assigned:	09/18/2014	Date of Injury:	01/17/2014
Decision Date:	10/28/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/12/2014

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 Internal Medicine and is licensed to practice in California and Illinois. 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 48-year-old female who reported an injury on 01/17/2014. The mechanism of injury was not provided. Other therapies included occupational therapy, 24 sessions of acupuncture, a Spica splint and naproxen. The surgical history was stated to be none. The documentation of 08/01/2014 revealed the injured worker completed acupuncture. The injured worker had utilized acupuncture and was able to perform activities of daily living and job related duties without limitations. The injured worker had a decrease in pain. The injured worker had increased body mechanics and had improved activities of daily living and was able to experience improvement in job related duties requiring grasping and twisting. The injured worker was noted to have demonstrated a marked reduction in pain and numbness when pressure and active resistance was applied to the injured area. The treatment plan included the injured worker experienced pain after several hours of work and based on the improvement a continuation of acupuncture was requested, use of a Spica splint, activity modification, physical therapy, and an ortho referral. The Request for Authorization was submitted for review. The diagnosis included tendonitis of the right wrist and left wrist strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electro-acupuncture times twelve: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Acupuncture with electrical stimulation is the use of electrical current on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. The time to produce functional improvement is 3 - 6 treatments and Acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The clinical documentation submitted for review indicated the injured worker had objective functional improvement. However, there was a lack of documentation indicating a necessity for 12 sessions of acupuncture. Additionally, the request as submitted failed to indicate the body part to be treated with electro-acupuncture. Given the above, the request for electro-acupuncture x 12 is not medically necessary.