

Case Number:	CM14-0149625		
Date Assigned:	09/18/2014	Date of Injury:	07/23/2013
Decision Date:	10/17/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/15/2014

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 licensed 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 patient is a 35-year-old female with a date of injury of 7/23/2013. According to the progress report dated 8/28/2014, the patient complained of bilateral wrist pain. Significant objective findings include bilateral wrist tenderness, decreased sensation to the bilateral hands, decrease range of motion in the wrist, and decrease strength in the bilateral upper extremity. The patient was diagnosed with bilateral upper extremity repetitive strain injury and myofascial pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x week for 4 weeks, bilateral hands: Upheld

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 Guidelines recommend acupuncture for pain. The guideline states that acupuncture may be extended if functional improvement is documented as defined in section 9792.20(f). According to the submitted reports, the acupuncture provider stated that the patient's pain had improved over 70% and noted improvement in flexibility of the left hand. The primary treating physician stated that the patient reported

benefits with acupuncture treatment. There was no documentation of functional improvement as defined in section 9792.20(f). There was no reduction in dependency on continued medical treatment. The provider stated that he will request for a hand surgery consultation. Based on the evidence based guidelines, the provider's request for 8 additional acupuncture sessions to the bilateral hands is not medically necessary at this time.