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| Case Number: | CM14-0162397 | | |
| Date Assigned: | 10/07/2014 | Date of Injury: | 10/12/2010 |
| Decision Date: | 11/04/2014 | UR Denial Date: | 09/15/2014 |
| Priority: | Standard | Application Received: | 10/02/2014 |

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 injured worker is a 51 year old female who reported bilateral upper extremity pain from injury sustained on 10/12/10 due to cumulative trauma. MRI of the right shoulder revealed tendinitis as well as articular surface disruption of the supraspinatus tendon. EMG/NCV revealed left moderate carpal tunnel syndrome. Patient is diagnosed with carpal tunnel syndrome and lateral epicondylitis. Patient has been treated with carpal tunnel release surgery 05/27/11, left wrist splint, physical therapy, medication and 12 acupuncture sessions. Per acupuncture progress notes dated 09/03/14, she has had some decrease in bilateral trapezius pain. She has started physical therapy and noticed a mild increase in pain. She continues to reports ongoing pain and numbness in bilateral hands involving the thumb, index and middle finger. Provider requested additional 6 acupuncture treatments which were denied by the utilization reviewer. Per utilization review appeal dated 09/24/14, she finds acupuncture extremely beneficial. She had some decrease in bilateral trapezius pain with acupuncture treatment. She reports moderate decrease in bilateral upper back and bilateral arm pain since starting acupuncture. She reports that acupuncture improved pain and decreased swelling in left upper extremity. She was using less medication following acupuncture. Currently, she continues to report ongoing pain and numbness in bilateral hands involving the thumb, index and middle finger.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 additional acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome; hand/wrist and forearm, Acupuncture

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. Per utilization appeal dated 09/24/14, patient reported some decrease in bilateral trapezius pain with acupuncture, she reported a moderate decrease in bilateral upper back and bilateral arm pain since starting treatment. She reports that acupuncture improved pain and decreased swelling in left upper extremity. Patient reported subjective improvement; however, 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. Per ACOEM guidelines chapter 11, page 265 "most invasive techniques, such as acupuncture have insufficient high quality evidence to support their use". Per Official disability guidelines, acupuncture is not recommended for carpal tunnel syndrome. Per review of evidence and guidelines, additional 6 acupuncture treatments are not medically necessary.