

Case Number:	CM14-0166278		
Date Assigned:	10/13/2014	Date of Injury:	06/04/2012
Decision Date:	11/13/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/08/2014

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 licensed in Chiropractic & 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:

Claimant is a 51 year old female who sustained a work related injury on 6/4/2014. Six visits were approved as an initial trial on 9/10/2014. Prior treatment includes chiropractic, physical therapy, cortisone injections, arthroscopic wrist surgeries, and medications. Per a PR-2 dated 8/27/14, the claimant complains of pain in both wrists and elbows. Orthopedic tests of Finkelstein's and Phalen's are positive. She is on modified duty. Her diagnoses are bilateral wrist tendonitis, left cubital tunnel syndrome, un-united distal ulnar tip fracture, right TFCC tear, bilateral carpal tunnel release, status post right wrist arthroscopy, difficulty sleeping due to pain, and uncontrolled hypothyroidism and hypertension.

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 for The Right Wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work

restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture trial authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial. If this is a request for an initial trial, 8 visits exceeds the recommended guidelines for an initial trial.