

Case Number:	CM14-0166633		
Date Assigned:	10/13/2014	Date of Injury:	03/15/2013
Decision Date:	11/13/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/09/2014

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 a licensed Acupuncturist 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:

This is a 31 y/o male patient with pain complains of bilateral upper extremities (L>R). Diagnoses included left De Quervain's Tenosynovitis, bilateral carpal tunnel. Previous treatments included: cortisone injection, oral medication, physical therapy, acupuncture (gains reported as "less tenderness, less swelling, increased range of motion, and increase in strength") and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x6 was made on 09-18-14 by the PTP. The requested care was denied on 09-25-13 by the UR reviewer. The reviewer rationale was "the reporting indicated that after prior six acupuncture sessions there was improved function, but there is no documentation of any specific new tasks that can be performed...the treatment plan reported that there was increased of range of motion and strength, however when comparing, the wrist range of motion is the same and the grip strength in the current report is slightly reduced..."

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL ACUPUNCTURE (X6): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." After six prior acupuncture sessions (reported as beneficial by the PTP), the comparison of the reports pre-acupuncture and post-acupuncture, affords no evidence of any sustained, significant, objective functional improvement (ADLs improvement(s), work restrictions-medication intake reduction, ROM improvement etc) to support the reasonableness and necessity of the additional acupuncture requested. Therefore, the request for additional acupuncture x 6 is not medically necessary.