

Case Number:	CM14-0169079		
Date Assigned:	10/17/2014	Date of Injury:	08/10/2011
Decision Date:	11/18/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/13/2014

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 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 39 year old female who reported right hand, wrist and elbow pain from injury sustained on 08/10/11 due to repetitive injury. X-rays of right wrist were unremarkable. X-rays of fingers were unremarkable. EMG studies were unremarkable. Patient is diagnosed with bilateral hand strain injury, history of epicondylitis and carpal tunnel syndrome. Patient has been treated with elbow surgery, physical therapy, medication, cortisone injection, and acupuncture. Per medical notes dated 08/27/14, patient notes that she has been able to work at full-duty capacity and overall notes her symptoms are slowly improving with time. She has occasional fatigue pain with use and notes she has occasional rare pain to the lateral aspect of her elbow. Provider requesting additional course of acupuncture for helpful alleviation of patients residual symptoms. Examination revealed range of motion within normal limits with mild tenderness to palpation of bilateral forearm. 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. There is no evidence that this patient exhibits significant functional loss and is unable to perform an independent, self-directed, home exercise program, rather than the continuation of skilled intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Acupuncture Visits for the Bilateral Upper Extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- 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 medical notes dated 08/27/14, patient notes that she has been able to work at full time capacity and overall notes her symptoms are slowly improving with time. Examination revealed range of motion within normal limits with mild tenderness to palpation of forearm. Provider requested additional 6 acupuncture sessions for bilateral upper extremity. Medical notes do not document any functional deficits such as restricted work duties, decreased range of motion or decreased ADLS to necessitate additional care. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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. There is no evidence that this patient exhibits significant functional loss and is unable to perform an independent, self-directed, home exercise program, rather than the continuation of skilled intervention. 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. Furthermore Official Disability Guidelines do not recommend acupuncture for carpal tunnel syndrome; hand/wrist or forearm pain. Per review of evidence and guidelines, additional 6 acupuncture treatments are not medically necessary.