

Case Number:	CM13-0050184		
Date Assigned:	12/27/2013	Date of Injury:	12/08/2010
Decision Date:	02/28/2015	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/11/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 42 year old female who suffered an industrial related injury on 12/8/10. A physician's report dated 5/15/13 noted the injured worker had complaints of right hand numbness, right hand/wrist pain, bilateral thumb stiffness, neck/upper back burning, and neck/upper back pain. Diagnoses included bilateral elbow and forearm sprain/strain, cervical sprain/strain, neuralgia, left arm neuritis, cervical radiculitis, ulnar neuropathy, bilateral carpal tunnel syndrome, anxiety, and sleep disturbances. The physician recommended ongoing acupuncture sessions 2 times per week for 4 weeks for pain and paresthesia. A physician's report dated 10/4/13 noted neurodiagnostic studies obtained on 9/21/11 were unremarkable. On 10/22/13 the utilization review (UR) physician denied the request for acupuncture 2 times per week for 4 weeks for bilateral wrists. The UR physician noted the Medical Treatment Utilization Schedule guidelines would support clarifying the diagnosis and functional goals prior to initiating acupuncture treatment. Therefore the request was denied.

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 both wrists: 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): Acupuncture, Acupuncture Treatment Guidelines.

Decision rationale: It is unclear if the patient has had prior acupuncture treatment or if the request is for initial trial of care. Provider requested "ongoing acupuncture X8 for bilateral wrists" which was non-certified by the utilization review. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. 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 (if previously administered). Furthermore official disability guidelines do not recommend acupuncture for wrist pain. Per guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.