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| Case Number: | CM14-0215827 | | |
| Date Assigned: | 01/05/2015 | Date of Injury: | 01/10/2011 |
| Decision Date: | 02/25/2015 | UR Denial Date: | 12/03/2014 |
| Priority: | Standard | Application Received: | 12/23/2014 |

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. 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:

The 33 year old female injured worker suffered an industrial injury on 1/10/2011. The details of the accident, past treatments and subsequent injury were not included in the documentation provided. The current diagnosis was bilateral carpal tunnel syndrome. The current treatments included medications, therapy, braces, home exercise program, topical preparations and 18 sessions of acupuncture. The injured worker reported on 11/6/2014 that the right wrist was worsening with night swelling and numbness. She also reported she was losing strength and grip resulting in dropping things. The provider's exam revealed tenderness to the bilateral carpal tunnel with swelling on the right wrist along with decreased range of motion. The UR decision on 12/3/2014 denied the request of acupuncture with electrical stimulation to the bilateral wrists. The documentation did not support any progress or benefit from the acupuncture therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture with electrical stimulation for the bilateral wrists, twice a week for six weeks:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient has had prior acupuncture treatment. The provider requested additional 2x6 acupuncture treatments which were non-certified by the utilization review. There is lack of evidence that prior acupuncture care was of any functional benefit. 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. 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 or decrease in medication intake. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 2X6 acupuncture treatments are not medically necessary.