

Case Number:	CM15-0006542		
Date Assigned:	01/26/2015	Date of Injury:	08/20/2014
Decision Date:	03/17/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/12/2015

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:

Claimant is a 42 year old female who was involved in a work related injury on 8/20/13-8/20/2014. Per a Pr-2 dated 11/13/2014, the claimant has pain in the right wrist with numbness. She continues to flare up. Acupuncture helps relieve pain, but pain increases with activities of daily living. Right wrist injection with lidocaine had good results. Per a Pr-2 dated 10/16/2014, the claimant has had physical therapy, acupuncture, and medications. She has constant pain and stiffness radiating into her right shoulder, arm, and hand. She reports numbness and tingling in her right arm and hand and frequent headaches. She also complains of pain and stiffness to the right shoulder and right elbow. She complains of constant pain, numbness and tingling to her right wrist and hand pain, with numbness and tingling in her right hand and fingers. Her diagnoses are cervical spine sprain/strain, tendinitis of right shoulder, lateral epicondylitis, and carpal tunnel syndrome, of the right wrist. She had at least 19 acupuncture treatments between September 2014 to January 2015. Acupuncture notes submitted were mostly illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for right wrist/hand 2 x wk x 6 wks: 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 of unknown quantity and duration and had subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.