

Case Number:	CM15-0108613		
Date Assigned:	06/15/2015	Date of Injury:	08/20/2014
Decision Date:	07/14/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/05/2015

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: 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 injured worker is a 43 year old female, who sustained an industrial injury on 8/20/2014. She reported developed pain in bilateral wrists with radiation of pain into all digits with occasional numbness and tingling secondary to cumulative trauma and repetitive activity. Diagnoses include repetitive strain injury to bilateral hands, bilateral wrist strain, myofascial pain syndrome, internal derangement of the right wrist and possible internal derangement of the left wrist. Treatments to date include wrist splints, medication therapy, physical therapy, and acupuncture treatments. Currently, she complained of pain in bilateral wrists with numbness. Acupuncture treatments were noted to be successful in decreasing symptoms. Current medication included Naprosyn, Omeprazole, Flexeril and Neurontin. On 4/28/15, the physical examination documented muscle spasms and decreased strength in the wrists. The plan of care included acupuncture treatments twice a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 4 for both wrists: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained/documentated with previous care. After prior acupuncture sessions rendered in the past (per providers report dated 5/28/15: documentated as beneficial in 50% symptom reduction, activities of daily living improvement and narcotic medication reduction), additional acupuncture could have been supported for medical necessity by the guidelines. The number of sessions requested (x 8) exceeds the guidelines criteria without a medical reasoning afforded by the provider to support such request. Therefore, and based on the previously mentioned (current request exceeding guidelines) the additional acupuncture x 8 is not supported for medical necessity.