

Case Number:	CM15-0109253		
Date Assigned:	06/15/2015	Date of Injury:	09/11/2013
Decision Date:	07/14/2015	UR Denial Date:	05/06/2015
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: 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 injured worker is a 45 year old female, who sustained an industrial injury on 09/11/2013. Treatment to date has included electrodiagnostic testing, injection, rest, splinting, medications and physical/occupational therapy. According to a progress report dated 04/22/2015, the injured worker continued to complain of bilateral wrist and hand pain. Gabapentin helped decrease pain by 40%. Depression and insomnia were reported. She had completed a pain psychology consult but was unable to follow through with recommended treatment due to scheduling conflicts. Physical examination demonstrated positive hypoesthesia in the right upper extremity in the median nerve distribution, multiple myofascial trigger points in the cervical paraspinal muscles, trapezius muscles, levator scapula and rhomboid musculature bilaterally. This was worse on the right than the left. Diagnoses included carpal tunnel syndrome, hand pain, myofascial pain and chronic pain syndrome. The treatment plan included acupuncture for treatment of myofascial pain symptoms related to chronic carpal tunnel syndrome and continuation of Gabapentin. She was encouraged to reschedule cognitive behavioral therapy appointments. Currently under review is the request for acupuncture x 6 sessions to the bilateral wrists and hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 6 sessions to the bilateral wrists and hands: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It appears that this is a request for an initial acupuncture trial. Evidenced based guidelines recommend a trial of acupuncture for chronic pain. 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. Since there is no documentation the claimant had prior acupuncture, 6 visits of acupuncture are medically necessary.