

Case Number:	CM15-0109334		
Date Assigned:	06/15/2015	Date of Injury:	11/12/2014
Decision Date:	07/14/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/04/2015

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 31 year old female, who sustained an industrial injury on 11/12/2014, as a result of repetitive stress injury to his wrists and forearms. The injured worker was diagnosed as having bilateral wrist tendinitis and possible bilateral carpal tunnel syndrome. Treatment to date has included physical therapy, acupuncture, bilateral wrist braces, and medications. Several documents within the submitted medical records were difficult to decipher. Currently, the injured worker complains of pain in her bilateral forearms, wrists, and elbows. Acupuncture initial intake (4/14/2015) noted that she had 1 session three months prior. Pain was rated 1-2 in the left forearm/wrist/elbow and 4-5 in the right. Three visits were completed through 4/22/2015, without pain levels documented. The progress report (4/23/2015) noted that acupuncture was helpful and pain ratings were 2-5/10. Medication regime was not noted but included Voltaren gel as needed. The treatment plan included additional acupuncture x6. Work status was modified. The intake form for acupuncture noted that she was off work since December.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture times 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, 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 mild subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.