

Case Number:	CM15-0011414		
Date Assigned:	01/29/2015	Date of Injury:	05/04/2011
Decision Date:	03/30/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/21/2015

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: Ohio

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 34 year old female who sustained a work related injury on 5/4/11. She complains of neck and right wrist pain. Previous treatment has included MRI, carpal tunnel release, post-surgical visits, medications, and psychotherapy. Diagnoses include cervical radiculopathy, depression, bilateral wrist extensor tenosynovitis, volar ganglion cyst, cervical disc protrusion with associated stenosis, and left wrist lunate bone cyst. UR decision dated 1/29/15 modified the request for 12 acupuncture visits to 6 citing the need for an adequate trial and the MTUS Acupuncture guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x12 sessions: 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: MTUS Acupuncture guidelines recommend an initial trial of 3-6 visits 1 to 3 times a week to produce functional improvement. The request for 12 acupuncture sessions exceeds the guideline recommendation of 6. Therefore this request is not medically necessary.