

Case Number:	CM15-0114818		
Date Assigned:	06/23/2015	Date of Injury:	09/03/2013
Decision Date:	07/28/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/15/2015

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 53 year old male with an industrial injury dated 09/03/2013. The injured worker's diagnoses include cervical spine musculoligamentous injury with discopathy, cervical spine sprain/strain, bilateral wrist carpal tunnel syndrome, bilateral overuse syndrome, bilateral wrist sprain, and sleep disturbance disorder. Treatment consisted of diagnostic studies, prescribed medications, physical therapy, acupuncture and periodic follow up visits. In a progress note dated 05/12/2015, the injured worker reported pain of the bilateral wrists, hands and fingers with numbness and tingling. Objective findings revealed tenderness to palpitation in bilateral wrist and hands, negative swelling and positive Tinel's sign. Some documents within the submitted medical records are difficult to decipher. The treating physician prescribed services for additional acupuncture 2x6 for the bilateral wrists now under review. The claimant has had 12 visits of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture 2x6 for the bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoration of Function.

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 with no documented benefits. Since the provider fails to document objective functional improvement associated with prior acupuncture treatment, further acupuncture is not medically necessary.