

Case Number:	CM15-0115490		
Date Assigned:	06/23/2015	Date of Injury:	04/23/2013
Decision Date:	07/28/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/16/2015

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 58-year-old male who sustained an industrial injury on 04/23/2013. The injured worker was diagnosed with carpal tunnel syndrome, chronic pain syndrome and myalgia. Treatment to date has included diagnostic testing, conservative measures, chiropractic therapy, physical therapy, home exercise program, H-wave therapy, acupuncture therapy and medications. According to the primary treating physician's progress report on May 21, 2015, the injured worker continues to experience bilateral upper extremity pain. Examination demonstrated tenderness to palpation at the bilateral lateral epicondyles and base of the thumbs. Full active range of motion was demonstrated at the bilateral elbows and wrists. No swelling was noted. Motor strength was 5/5 bilaterally. Current medication consists of topical analgesics. Treatment plan consists of continuing with topical analgesics, heat, ice, home exercise program and the current request for an additional 12 sessions of acupuncture therapy for the bilateral hands/wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of acupuncture, bilateral hands/wrists: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 12 acupuncture sessions that were modified to 6 by the utilization review. Medical notes documented improvement in sleep and pain with acupuncture sessions. Medical reports reveal evidence of changes and improvement in findings, revealing a patient who has achieved objective functional improvement to warrant additional treatment; however, requested visits exceed the quantity supported by cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 12 acupuncture treatments are not medically necessary.