

Case Number:	CM15-0116189		
Date Assigned:	06/24/2015	Date of Injury:	03/15/2012
Decision Date:	07/24/2015	UR Denial Date:	06/04/2015
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: 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 25 year old female, who sustained an industrial injury on 03/15/2012. She has reported injury to the right wrist. The diagnoses have included chronic sprain of the right wrist with synovitis and swelling; bilateral carpal tunnel syndrome; and neurapraxia of the right ulnar nerve. Treatment to date has included medications, diagnostics, bracing, physical therapy, acupuncture, and TENS (transcutaneous electrical nerve stimulation) unit. Medications have included Ibuprofen. A progress report from the treating physician, dated 02/02/2015, documented an evaluation with the injured worker. The injured worker reported pain on the dorsum of the right wrist area with swelling that occurs in that area and somewhat proximally; she has soreness with motion of the wrist and feels weakness of the right hand with grasping items; she has associated paresthesias in the median nerve distribution over the right hand; cold weather seems to increase her symptoms; and heat and anti-inflammatory medication seemed to help her. Objective findings included right wrist range of motion is decreased with flexion and extension; sensory exam shows dysesthesias in the median nerve distribution of the right hand compared to the left; muscle power and strength shows weakness of progress to the right hand; swelling in the distal radial ulnar joint area and over the extensor tendons to the hand; tenderness to palpation of the distal radioulnar joint; carpal compression does cause some decreased sensation in the median ulnar nerves; and she has minimal to no tenderness to palpation over the lateral aspect of the elbow. The treatment plan has included the request for acupuncture for the right hand, twelve treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the right hand, twelve treatments: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. After an unknown number of prior acupuncture sessions, no evidence of any sustained, significant, objective functional improvement (medication intake reduction, work restrictions reduction, activities of daily living improvement) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition, the request is for acupuncture x 12, number that exceeds significantly the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture is not supported for medical necessity.