

Case Number:	CM15-0119786		
Date Assigned:	06/30/2015	Date of Injury:	09/13/2013
Decision Date:	09/01/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/22/2015

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 33-year-old female who sustained an industrial injury on 09-13-2013 due to cumulative trauma. Diagnoses include bilateral upper extremity overuse tendinopathy and carpal tunnel syndrome. Treatment to date has included medications, physical therapy, modified activity, wrist injection, bracing and acupuncture. According to the progress notes dated 4-24-2015, the IW reported significant bilateral wrist pain, greater on the right, and arm pain with associated numbness and tingling. She rated her wrist pain 4 out of 10. On examination, there was tenderness to palpation over the radial and ulnar aspects of the bilateral wrists and grip strength was decreased. Median nerve sensation was decreased; there was mildly decreased sensation to the dorsum of the hand and to the forearm. Range of motion was full and there was audible crepitation on flexion and extension. Electro diagnostic testing of the bilateral upper extremities on 4-6-2015 was normal. A request was made for acupuncture, 8 visits, for the bilateral upper extremities for treatment of pain and to improve function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 8 visits for the bilateral upper extremity: 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 8 acupuncture sessions for bilateral upper extremity which were non-certified by the utilization review. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. 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, 8 acupuncture treatments are not medically necessary.