

Case Number:	CM15-0123941		
Date Assigned:	07/08/2015	Date of Injury:	03/08/2013
Decision Date:	08/20/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/26/2015

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 46 year old female who sustained an industrial injury on 3-8-13. Diagnoses are status post right wrist carpal tunnel release-1-16-15, left wrist strain, thoracic spine chronic myofascitis, and gastroesophageal reflux disease. In a progress report dated, 5-12-15, the treating physician notes she is status post right wrist surgery and is still having some pain and the left wrist has pain and numbness. She also complains of back pain. The note is handwritten and portions are illegible. Work status is temporary total disability until 6-25-15. The treatment plan is physical therapy, chiropractics, acupuncture, and x-rays of the thoracic spine. The requested treatment is acupuncture 3 times a week for 6 weeks for the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3 times a week for 6 weeks for the right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines recommend acupuncture for pain. It recommends an initial trial of 3-6 visits with a frequency of 1-3 times per week over 1-2 months to produce functional improvement. Additional acupuncture beyond the initial 6 visits is recommend with documentation of functional improvement. Upon review of the submitted records, there was no evidence of prior acupuncture therapy. Therefore an initial trial is warranted at this time. However, the provider's request for 18 acupuncture session to the right wrist exceeds the guidelines recommendation for an initial trial. The provider's request is inconsistent with the evidence based guidelines for an initial trial and therefore is not medically necessary and appropriate at this time.