

Case Number:	CM15-0125512		
Date Assigned:	07/10/2015	Date of Injury:	10/06/2014
Decision Date:	08/12/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/29/2015

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 38 year old female, who sustained an industrial injury on October 6, 2014, incurring neck, shoulder and hand injuries after a slip and fall. She was diagnosed with a cervicothoracic sprain, bilateral carpal tunnel syndrome, tenosynovitis, fibrocartilage tears of both wrists, and bilateral shoulder sprain. Treatment included physical therapy, wrist braces, and work modifications. The injured worker was pregnant and unable to receive diagnostic imaging at that time. She discontinued medications due to her pregnancy. Currently, the injured worker complained of neck pain, left shoulder pain and bilateral hand and wrist pain with burning, numbness and tingling and low back pain. The treatment plan that was requested for authorization included acupuncture for the bilateral wrists and hands.

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 bilateral wrists and hands: 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 3-6 sessions over 1-2 months to produce functional improvement. It states that acupuncture may be extended if there is documentation of functional improvement. After reviewing the submitted medical records, there was no indication that the patient has had prior acupuncture therapy. An acupuncture trial appears to be appropriate. However, the provider's request for 18 acupuncture session to the bilateral wrist and hands exceeds the guidelines recommendation for an initial trial. Therefore, the provider's request is not medically necessary and appropriate at this time. 6 acupuncture sessions would be appropriate.