

Case Number:	CM15-0127054		
Date Assigned:	07/13/2015	Date of Injury:	04/04/2005
Decision Date:	08/07/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/01/2015

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 49 year old female, who sustained an industrial injury on April 4, 2005. Several documents within the submitted medical records are difficult to decipher. The injured worker was diagnosed as having right wrist tenosynovitis, rule out carpal tunnel syndrome and neck sprain/strain. Treatment to date has included trigger point injections, cervical spine pillow, home exercise program (HEP) and medication. A progress note dated June 4, 2015 provides the injured worker complains of neck and right wrist pain. She reports neck pain is worsened with radiation to right upper extremity with numbness and tingling. She also reports the wrist is improved. Physical exam notes cervical tenderness on palpation with spasm. The right wrist is tender on palpation with positive Phalen's test. The plan includes magnetic resonance imaging (MRI) and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x3 to the cervical spine and right wrist with infra Lamp/medical supply/Kinesio tap: 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 2x3 acupuncture sessions for cervical spine and right wrist with infra lamp/medical supply/ kinesio tape 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, 2x3 acupuncture treatments are not medically necessary.