

Case Number:	CM15-0163295		
Date Assigned:	09/28/2015	Date of Injury:	02/13/2015
Decision Date:	11/03/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/20/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 36-year-old female who presented with industrial injuries on February 13, 2015. Diagnoses have included bilateral carpal tunnel syndrome and tendinitis of the left hand. MRI's of the right wrist dated 3-13-2015 and left wrist 3-20-2015 state "negative ulnar variance." The right wrist is noted to have a "Possible sprain of the scapholunate ligament." Documented treatment includes anti-inflammatory medication, notation of 26 physical therapy visits with the last date of 6-4-2015, and an unspecified injection was noted to have "helped acute pain right wrist." Response to the physical therapy is not discussed in the provided records, but the treating physician's plan of care includes discontinuing physical therapy treatments as of 7-13-2015. Prior to completing the physical therapy, the injured worker was noted in a 3-9-2015 note to have difficulties with activities of daily living including brushing her teeth, combing her hair, grasping, lifting, carrying, and reaching. At this visit, it is noted that "pain remains in both wrists." Objective assessment was not provided in detail. A request for authorization was submitted for 12 acupuncture sessions. This was denied on 7-29-2015. She is on modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Acupuncture sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce functional improvement: 3 to 6 treatments. In this case, the claimant has undergone 12 sessions of acupuncture, prior ultrasound and several months of physical therapy. The request for an additional 12 sessions is an option but not a medically necessity. Therefore, the request is not medically necessary.