

Case Number:	CM15-0163439		
Date Assigned:	09/08/2015	Date of Injury:	06/08/2012
Decision Date:	11/30/2015	UR Denial Date:	08/07/2015
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: 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 June 8, 2012, incurring right upper extremity injuries. She was diagnosed with carpal tunnel syndrome, lesion of the ulnar nerve and shoulder joint pain. Treatment included Electromyography studies revealing left ulnar neuropathy at the elbow and carpal tunnel syndrome. Other treatments included topical analgesic creams, paraffin bath, physical therapy; all which helped relieve her pain. She was ordered on pain medications but only used them at night. She underwent a right carpal tunnel release in 2012 and a right shoulder arthroscopy in 2013. Currently, the injured worker complained of persistent pain, with numbness and tingling in her bilateral upper extremities. She had pain in her hands, arms and shoulders and activity aggravated her pain. The treatment plan that was requested for authorization included 12 sessions of initial acupuncture for the right wrist. On August 7, 2015, a request for 12 acupuncture sessions for the right wrist was denied by utilization review. Three visits of acupuncture were approved as a trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of initial acupuncture for the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture trial authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial. If this is a request for an initial trial, 12 visits exceeds the recommended guidelines for an initial trial. Therefore, further acupuncture is not medically necessary.