

Case Number:	CM15-0076539		
Date Assigned:	04/28/2015	Date of Injury:	07/28/2014
Decision Date:	05/28/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/21/2015

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 52 year old female, who sustained an industrial injury on 7/28/2014, due to cumulative trauma while working as a general warehouse laborer. The injured worker was diagnosed as having carpal tunnel syndrome, tendinitis/bursitis of the hands/wrists, and sleep disorder. Treatment to date has included diagnostics, acupuncture (11 sessions completed as of 10/10/2014), and medications. She was documented as diagnosed with stomach ulcers approximately 15 years ago and took Zantac. Additional physical medicine sessions were referenced as completed (dates/progress not submitted). Currently (2/03/2015 per work hardening screening expectation of improvement), the injured worker has had "adequate conservative therapy which has plateaued" and "is not being considered for surgical intervention". An incomplete progress report from 3/04/2015 noted a release back to work with restrictions until 5/04/2015, and total temporary disability if unavailable. The treatment plan included acupuncture therapy (electroacupuncture, manual acupuncture, myofascial release, electrical stimulation, infrared, diathermy) 3x2, for bilateral wrists/hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Therapy (Electro Acupuncture, Manual Acupuncture, Myofascial Release, Electrical Stimulation, Infrared, Diathermy) 3x2 weeks for the Bilateral wrist/hand:

Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 275, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand, Wrist and forearm; Acupuncture.

Decision rationale: Patient has not had prior Acupuncture treatment. Provider requested initial trial of 2X3 electro-acupuncture sessions which were non-certified by the utilization review. ODG and ACOEM guidelines do not recommend acupuncture for bilateral wrist pain. Per guidelines and review of evidence, 6 electro-Acupuncture visits are not medically necessary.