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| Case Number: | CM15-0078147 | | |
| Date Assigned: | 04/29/2015 | Date of Injury: | 03/01/2015 |
| Decision Date: | 05/28/2015 | UR Denial Date: | 04/16/2015 |
| Priority: | Standard | Application Received: | 04/23/2015 |

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 40 year old female who sustained an industrial injury on 03/01/2015. Diagnoses include bilateral carpal tunnel syndrome, weakness of the hand or finger bilateral, and numbness of the hand. Treatment to date has included diagnostic studies, medications, and immobilization. A physician progress note dated 04/13/2015 documents the injured worker complains of pain in her wrist. It is moderately severe. She has numbness and /or tingling of the hands. She has weakness of the injured area and wrist pain radiates to her arms. There is full range of motion with her left wrist. There is some weakness of the Dorsiflexion L5/5, and volar flexion L4/5 muscle strength of the left wrist. The right wrist is tender to palpation at the flexor surface. There is full range of motion. There is some weakness as noted Dorsiflexion R5/5 volar flexion R 4/5. There is a positive Phalen test for left median nerve compression. There is a positive Phalen test for the right median nerve compression. Tinel sign is positive for left and right median nerve compression. Treatment requested is for 6 acupuncture therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Acupuncture Therapy Sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient complained of wrist pain. The Acupuncture Medical Treatment guideline recommends acupuncture for pain. It recommends 3-6 visits to produce functional improvement. It states that acupuncture may be extended with documentation of functional improvement. Upon reviewing the medical records, it is unlikely that the patient has had a trial of acupuncture treatment. The patient is a candidate for an initial acupuncture trial. The provider's request for 6-acupuncture session is consistent with the guidelines recommendation of 3-6 visits to produce functional improvement. Therefore, the provider's request is medically necessary at this time.