

Case Number:	CM15-0079921		
Date Assigned:	04/30/2015	Date of Injury:	10/25/2011
Decision Date:	06/02/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/27/2015

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 58 year old female, who sustained an industrial injury on 10/25/2011. She reported bilateral shoulders, wrists and hands pain. The injured worker was diagnosed as having mild right carpal tunnel syndrome, mild left carpal tunnel syndrome, mild right ulnar sensory neuropathy, mild left ulnar sensory neuropathy, right lateral epicondylitis, left lateral epicondylitis, bilateral thumb carpometacarpal joint osteoarthritis, and new onset of right middle finger volar retinacular cyst. Treatment to date has included medications, physical therapy, TENS, electrodiagnostic studies, and acupuncture. The request is for additional acupuncture for the bilateral wrists and elbows. On 11/ 12/2014, she complained of pain to bilateral shoulder, wrists and hands. She reported the pain in the shoulders to radiate into the fingers and neck. She reported that acupuncture did not help, and TENS unit helped somewhat. She reported her pain level at its lowest to be 5/10, and average 8/10. The treatment plan included: acupuncture, and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture To Bilateral Wrist And Elbow Qty: 6.00: Upheld

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 bilateral shoulders, wrists and hands pain. Records indicate prior acupuncture therapy. The provider noted that acupuncture helped. However, there was no documentation of functional improvement. The guideline states that acupuncture may be extended with documentation of functional improvement. Therefore, based on the lack of functional improvement from prior acupuncture sessions, the provider's request for 6 additional acupuncture sessions to the bilateral wrist and elbow is not medically necessary at this time.