

Case Number:	CM15-0096260		
Date Assigned:	05/26/2015	Date of Injury:	02/18/2014
Decision Date:	06/24/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/19/2015

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 29-year-old female patient who sustained an industrial injury on 02/18/2014. The patient underwent an excision of left dorsal ganglion cyst on 12/12/2014. A primary treating office visit dated 12/29/2014 reported the patient doing well without complaints. Objective findings showed the incision well-healed; benign. The plan of noted the patient returning to a modified one handwork only. She is to continue home exercise program along with therapy and follow up in 4 weeks. There were no medications dispensed. Another visit dated 08/28/2014 described the patient being out currently on maternity leave holding off on surgery until October or November. She has continued complaint of left hand/wrist pain. Discussion noted regarding a permanent and stationary status with future medical benefits, although the patient does not wish to close the case at this time. By 03/25/2015, the patient continued with subjective complaint of pain in the left wrist, shoulder, elbow and hand. The following diagnoses are applied: repetitive strain injury, myofascial pain syndrome, possible neuropathy, and left wrist tendonitis. The plan of care noted the patient with increased pain and discomfort at work. She had just started electro-acupuncture treatment and will continue. She is noted using Tylenol. She is to perform light duty work with no repetitive use of the left hand, and follow up in three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 visits of electro acupuncture with infrared heat and myofascial release for the left wrist:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The 5/1/15 UR determination denying 16 additional Acupuncture treatments to manage left wrist residual cited CA MTUS Acupuncture Treatment Guidelines. The reexamination/report of 4/29/15 acknowledged the patient receiving Acupuncture Treatment for chronic wrist pain but failed to address functional benefits following applied care as required by the CA MTUS Acupuncture Treatment Guidelines. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. The medical necessity for continuing Acupuncture, 16 sessions was not supported by reviewed records or complies with referenced CA MTUS Acupuncture Treatment Guidelines.