

Case Number:	CM15-0098714		
Date Assigned:	06/01/2015	Date of Injury:	06/08/2013
Decision Date:	07/03/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/21/2015

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 50-year-old female, who sustained an industrial injury on 6/8/13. She reported progressive numbness and tingling of hands, and fingers and progressive pain and weakness of wrists and hands. The injured worker was diagnosed as having mild carpal tunnel syndrome, chronic cervical spine strain and pain disorder associated with psychological factors. Treatment to date has included oral pain medications, physical therapy, cortisone injections, wrist splints, acupuncture treatments and activity restrictions. X-rays of bilateral wrists were read as negative. Currently, the injured worker complains of bilateral wrist pain. She notes physical therapy has been helpful for wrist pain. She is to return to work full time. Physical exam noted non-specific muscle guarding and tenderness of cervical spine and tenderness to palpation of the volar, medial and lateral aspect of bilateral wrists. A request for authorization was submitted for 8 acupuncture visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 acupuncture visits for the bilateral wrists: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guideline states that acupuncture may be extended with documentation of functional improvement. Records indicate that the patient had prior acupuncture care. According to the report dated 3/13/2015, the patient reported that acupuncture was helpful. There was no objective quantifiable documentation regarding functional improvement. Therefore, the provider's request for 8 additional acupuncture visits is not demonstrated to be medically necessary.