

Case Number:	CM15-0098835		
Date Assigned:	06/01/2015	Date of Injury:	06/04/2013
Decision Date:	06/30/2015	UR Denial Date:	04/24/2015
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 53 year old female who sustained an industrial injury on 6/4/13 from repetitive use involving her hands, neck, forearms, wrists and carpal tunnel syndrome. She was medically evaluated, x-rays were done, was given a left wrist brace, pain medication and referral for physical therapy which made her symptoms worse. She currently complains of intermittent cervical spine pain radiating down the left arm to the wrist (4/10); she has bilateral hand pain (4/10) with decreased grip strength and dropping things regularly. Left carpal tunnel surgery improved for a few months and then it returned. On physical exam she has decreased cervical range of motion with tenderness on palpation of the left paraspinal muscles; the left elbow is tender on palpation; wrist exam revealed positive Tinel's and Phalen's bilaterally. Medications are Percocet, Neurontin, Naprosyn, Colace, Paxil, Flexeril. Diagnoses include left carpal tunnel surgery (5/5/14); pain in hand joint; pain in forearm joint; wrist sprain; chronic cervical strain/sprain, degenerative disc disease, possible radiculopathy with bilateral hand sensory complaints; possible radial tunnel syndrome left hand. Treatments to date include medications; physical therapy, transcutaneous electrical nerve stimulator. Diagnostics include electromyography/ nerve conduction studies of the bilateral upper extremities (6/25/13) were entirely negative; MRI left wrist (9/20/13) shows small collection of ganglion cysts; x-rays of the right and left hand and wrist (4/1/15) were unremarkable; X-ray of the cervical spine (4/1/15) showed slight abnormalities. Acupuncture 2 X 3 to bilateral wrists/ forearm was assessed by Utilization Review 4/24/15. At least 8 sessions of acupuncture were approved in 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 3 for bilateral wrist/forearm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had acupuncture authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial. Therefore, the requested treatment is not medically necessary.