

Case Number:	CM14-0115981		
Date Assigned:	08/04/2014	Date of Injury:	03/26/2013
Decision Date:	10/07/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 50 years old female with an injury date on 03/26/2013. Based on the 03/21/2014 progress report provided by [REDACTED], the diagnoses are:1. Right moderate carpal tunnel syndrome, status post release performed 09/17/2013.2. Right wrist tenosynovitis3. Right forearm strain4. Right lateral epicondylitis5. Right de Quervain tenosynovitisAccording to this report, the patient complains of right wrist pain. The patient is status post right carpal tunnel release on 09/17/2013. The patient has been going to acupuncture for the elbow and wrist and has "2 visits left, which has been really helpful." Physical exam reveals tenderness along the extensor carpi ulnaris tendon and at the lateral elbow. Range of motion of the wrist is full. The patient is to return to work with no limitation or restriction. The patient states "pretty much working full duty and she is doing well with this. "There were no other significant findings noted on this report. The utilization review denied the request on 06/30/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 08/02/2013 to 06/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the right elbow, wrist and hand #6: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: According to the 03/21/2014 report by [REDACTED] this patient presents with right wrist pain. The provider is requesting 6 sessions of acupuncture for the right elbow wrists and hand. The utilization review denial letter states "the patient is allowed for 3-6 treatments of acupuncture which she has already been through" Time-frame and number of sessions completed are unknown. For acupuncture, MTUS Guidelines page 8 recommends acupuncture for pain suffering and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement, 1 to 2 times per year, with optimal duration of 1 to 2 months. Review of records show the patient has had acupuncture and has "2 visits left." However, the provider does not explain whether or not the patient experience "functional improvement" as required by MTUS. Without documentation of functional improvement, additional acupuncture treatments are not supported. The provider must report on the patient's progress for these treatment requests to be considered. Recommendation is for denial.