

Case Number:	CM13-0059801		
Date Assigned:	01/08/2014	Date of Injury:	08/11/2011
Decision Date:	04/09/2015	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/02/2013

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: 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 57-year-old female who sustained an industrial injury on 08/11/2011. Diagnoses include chronic tenosynovitis of hand and wrists, neck sprain, cervicgia, and muscle spasm, and status post right carpal tunnel release, and status-post left trapezium excision, anterior oblique ligament reconstruction using extensor brevis and FCR tendon transfers with transfer of mersiline from thumb to index metacarpal, left carpal tunnel release, left thumb MP joint volar capsulodesis and pinning on 09/04/2011. Treatment to date has included medications, surgery, hand therapy, wrist supports, hot/cold pack, and acupuncture. A physician progress note dated 11/07/2013 documents the injured worker has pain rated 4-6 out of 10 in his right wrist and hand. She feels her functional improvement is better and attributes it to acupuncture. She has decreased pain and stiffness at work. Treatment requested is for acupuncture 2 times a week for 3 weeks to the hands and wrists. On 11/19/2013 Utilization Review non-certified the request for acupuncture 2 times a week for 3 weeks to the hands and wrists and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Guidelines Medical Treatment Guidelines.-Acupuncture Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2 TIMES A WEEK FOR 3 WEEKS TO THE HANDS AND WRISTS:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines notes that extension of acupuncture care could be supported for medical necessity 'if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment". After an unknown number of prior acupuncture sessions, no evidence of any functional improvement and a reduction in the dependency on continued medical treatment directly attributable to acupuncture was documented to support the medical necessity of additional acupuncture. Therefore, the request for additional acupuncture is not supported for medical necessity.