

Case Number:	CM13-0040719		
Date Assigned:	12/20/2013	Date of Injury:	05/22/2013
Decision Date:	09/23/2015	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/29/2013

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: 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 35 year old female who sustained an injury on 5-22-13. Initial symptoms or complaints are not included in the medical records. An evaluation done on 8-29-13 report current diagnoses as Cervical Strain, Right shoulder Impingement Syndrome and Right Carpal Tunnel, Overuse syndrome and the IW may return to work on 5-30-13. Modified work restrictions were imposed and a treatment plan to start physical therapy 3 x week for 4 weeks. Medications Ibuprofen 600 mg three times a day and a follow up appointment on 6-26-13 were noted. The PR2 dated 9-18-13 report the IW began having tingling in both hands in December 2012 and was diagnosed at that time with Carpal Tunnel Syndrome. She was given wrist splints. Diagnostic tests included X-rays and Ibuprofen was prescribed at that time. A physical examination of right wrist included Finkelstein's Test, Negative Tinel's Test, and Positive Phalen's Test. Diagnoses were Strain Left Wrist, Carpal Tunnel Syndrome, and Right Wrist (rule out) Osteochondroma: Pre-Existing. The treatment plan included EMG, NCV Ergonomic evaluation of work station and cold, hot pack. Medications noted are Relafen 500 mg #30. No other medical information is included. Current requested treatment is 8 Sessions of Acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 SESSIONS OF ACUPUNCTURE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 4.5, Subchapter 1.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient was diagnosed with carpal tunnel syndrome. The guidelines recommend acupuncture for pain. It recommends 3-6 visits over 1-2 months to produce functional improvement. Based on the records, it is unclear if the patient has had acupuncture in the past. Therefore, it is best to evaluate the current prescription as an initial trial for which the guidelines recommends 3-6 visits. The provider's request of 8 acupuncture sessions exceeds the guidelines recommendation for an initial trial. Therefore, the provider's request is not consistent with the evidence based guidelines and is therefore not medically necessary at this time. 6 acupuncture sessions would be reasonable to obtain functional improvement. The request is not medically necessary.