

Independent Medical Review Final Determination Letter

2984
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/31/2013

IMR Case Number:	CM13-0023208	Date of Injury:	06/01/2011
Claims Number:	[REDACTED]	UR Denial Date:	08/29/2013
Priority:	STANDARD	Application Received:	09/11/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED] MD		
Treatment(s) in Dispute Listed on IMR Application:			
PLEASE SEE ATTACHED LETTER DATED 08/29/13			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]
[REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, 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 physician 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.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 42-year-old female who reported an injury on 06/01/2011. The documentation submitted for review indicates that the patient injured her neck while receiving physical therapy for her right upper extremity condition. Notes indicate that the patient has undergone treatment with tramadol, Norflex, Anaprox, ibuprofen, and that the medications do not significantly reduce the patient's pain, which is verbalized as 7/10. Notes indicate that the patient continues to have symptoms for the right hand and right upper extremity. Additional treatment for the patient has consisted of injections, as well as an electrical nerve stimulator. However, the patient continues to complain of pain radiating up to the neck with burning-type pain verbalized as 8/10. On 08/16/2013, the patient received a prescription for acupuncture treatment 2 x 4.

IMR DECISION(S) AND RATIONALE(S)

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

1. 6 additional acupuncture sessions for the right wrist is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Wrist/Acupuncture, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Post-Surgical Treatment Guidelines, Acupuncture, pages 8-9, which is part of the MTUS.

The Physician Reviewer's decision rationale:

CA MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The most recent clinical notes from 11/06/2013 indicate that the patient is currently pending approval for acupuncture treatment. However, the patient's physical examination remains largely unchanged. There is a lack of documentation to support that the patient has undergone a reduction in pain medications or that the patient is currently not tolerating her pain medications as prescribed. Additionally, the total number of sessions of acupuncture therapy attended to date is not indicated in the notes, and there is a lack of documentation indicating objective functional improvement of the patient as a result of having undergone acupuncture sessions. Therefore, the request for 6 additional acupuncture sessions for the right wrist is not medically necessary and appropriate.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

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