

Independent Medical Review Final Determination Letter

322
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 1/17/2014

IMR Case Number:	CM13-0031352	Date of Injury:	11/04/2010
Claims Number:	[REDACTED]	UR Denial Date:	09/18/2013
Priority:	STANDARD	Application Received:	10/03/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
OUTPATIENT ACUPUNCTURE TIMES TWENTY FOUR(24) SESSIONS TO THE RIGHT THUMB			

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]

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 Acupuncture 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 is a 26 y/o male patient with complains of persistent right thumb pain (diagnoses included status-post arthodesis of the right thumb). The patient continued symptomatic (“hypersensitivity of the right thumb”) regardless of previous surgery, steroid injection, oral medication and acupuncture x6 (per PTP not beneficial). Additional “accu-massage” x18 was recommended by the PTP (report dated 10-30-13; referral dated 10-30-13 requested 18 “acupuncture” sessions; RFA dated 11-15-13 requested “acupuncture” x16).

On 09-18-13, the initial request by the PTP for 24 acupuncture sessions was modified by the UR reviewer to approved 6 sessions (“within guidelines”) for a trial and non-certify 18 sessions (“exceeded guidelines”) until the trial was completed and benefits evaluated.

IMR DECISION(S) AND RATIONALE(S)

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

1. Outpatient acupuncture, twenty-four (24) sessions, to the right thumb is not medically necessary and appropriate.

The Claims Administrator based its decision on the Acupuncture Medical Treatment Guidelines.

The Physician Reviewer based his/her decision on the Acupuncture Medical Treatment Guidelines

The Physician Reviewer's decision rationale:

As the patient did not have a course of acupuncture and continued significantly symptomatic an acupuncture trial for pain management was reasonable. The guidelines note that time to produce functional improvement is 3 to 6 treatments, therefore the UR reviewer allowed for such a trial (acupuncture x6).

In reviewing the records available (particularly the report dated 10-30-13 by [REDACTED] MD, Chief of Hand Surgery), the patient underwent the acupuncture trial (x6) with no benefits. Regardless of that, he requested further acupuncture.

Mandated guidelines read 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."

Without evidence documenting significant, objective functional improvement (quantifiable response to treatment) obtained with previous care (acupuncture trial x6 approved by UR reviewer on 09-18-13), additional acupuncture will not be supported for medical necessity.

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]
[REDACTED]
[REDACTED]
[REDACTED]