

Case Number:	CM13-0022988		
Date Assigned:	12/11/2013	Date of Injury:	08/22/2009
Decision Date:	01/23/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Chiropractic, has a subspecialty 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. 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 57 year old female with a date a injury of 7/13/2011. According to the providers supplemental report dated 9/12/2013, the patient was initially seen in the office on 8/8/2013 complaining of right forearm/wrist/hand/thumb pain, low back pain, left knee pain, left hand pain, stress, depression, and gastrointestinal complaints including stomach upset, colon, and rectal discomfort and respiratory distress. Objective findings include tenderness with spasms over left sacroiliac joint and bilateral paraspinal musculature in the lumbar spine. The positive orthopedic test included Kemp's, straight leg raise on the left, Patrick's on the left, and Gaenslen's test. The lumbar range of motion in degrees: flexion 38, extension 14, right side bend 18, and left side bend 16. Bilateral shoulder exam revealed tenderness over the posterior muscles and periscapular region. The impingement test was negative bilaterally. The patient shoulder range of motion was decreased. Examination of the bilateral wrist and hand revealed well healed surgical scar consistent with the most recent right thumb trigger release. There was slight tenderness over the right thenar muscle and crepitus of the right thumb. The ranges of motion of the wrist in degrees were flexion 55, extension 55, radial deviation 18, and ulnar deviation 25. The Jamar grip strength was 14/14/14 kg on the dominant right hand and 22/20/20 kg on the left hand. Pinch strength was 4.5/4.0/3.5 kgs on the right and 5.0/5.0/5.0. The patient's knee examination revealed tenderness to palpation over the medial and lateral joint line and patellofemoral crepitus. The knee range of motion was 140 degree in flexion and 0 degree on extension. The sensation to pinprick and light touch in the lower extremity was decreased along the L4-S1 dermatomes. The patient was diagnosed with left wrist/hand overuse syndrome, lumbar musculoligamentous sprain/strain with left side greater than right lower extremity radiculitis,

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial acupuncture, lumbar, one (1) time a week for one (1) week for right thumb, hand and left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Physician Reviewer's decision rationale: The guidelines recommend a trial of 3 to 6 treatments with a frequency of 1 to 3 times a week over 1 to 2 months to produce functional improvement. Acupuncture treatments may be extended if functional improvement is documented as defined in section 9792.20(f). According to the UR reveal dated 8/27/2013, a trial of acupuncture 1x week or 6 weeks to the lumbar, right thumb, right hand, left knee was authorized and the provider's request for a trial of acupuncture 1x week for 1 weeks to the lumbar, right thumb, right hand, left knee was not approved. Acupuncture may be extended if functional improvement is documented. Therefore, another trial 1x a week for 1 week to the lumbar, right thumb, right hand, and left knee is not medically necessary because there was no evidence that the patient had completed the trial of acupuncture visit.