

Case Number:	CM13-0030634		
Date Assigned:	11/27/2013	Date of Injury:	08/31/2012
Decision Date:	01/21/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/30/2013

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 Internal Medicine, has a subspecialty in Cardiology 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 28 year old female with a reported injury date of 08/31/2012 when she cut her right 3rd and 4th fingers with a food processor. Initial treatment was provided in the emergency room and assessment revealed a fracture of the 4th digit. Subsequently, the patient was treated with physical therapy, splinting and work restrictions. Office note dated 10/17/2013 revealed the patient complained of pain along the volar side of the 3rd and 4th digits with numbness at the tip and sensitivity to temperature changes. Examination revealed well healed scars on the volar aspects of the 3rd and 4th digits with no edema. The patient was noted to have mild tightness and tenderness along the 3rd and 4th pulp. DIP active motion was 0-40 degrees in the 4th finger and 0-50 degrees in the 3rd finger. Motor strength was 5/5. The patient was noted to have been approved for additional physical therapy and acupuncture was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two times a week for three weeks for the right hand/fingers: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers' Compensation, 2nd Edition

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS Acupuncture Guidelines 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. Time to produce effect is 3 to 6 treatments. The clinical information submitted for review indicates the patient has been approved for additional occupational therapy; however, the patient's response to the additional sessions was not provided for review. The clinical information submitted for review did not indicate the patient was taking pain medication that was reduced or not tolerated. Therefore, without information regarding the patient's response to recently approved additional therapy and lack of medications being reduced or not tolerated, the request for Acupuncture Two times a week for three weeks for the Right Hand/Fingers is non-certified.