

Case Number:	CM13-0036053		
Date Assigned:	12/13/2013	Date of Injury:	10/23/2006
Decision Date:	02/10/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/18/2013

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 Chiropractic Care and 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 claimant is 71 year old male who was involved a work related injury on 10/23/2006. The claimant complains of increased pain in his right thumb and left thumb. X-rays show minimal metacarpophalangeal (MP) joint space narrowing mild sclerotic change at the articular surface of the carpal head. There is very little information submitted on prior treatment. It appears that there was anti-inflammatory medication and splints provided, and also a steroid injection to the thumb. It is unclear whether prior acupuncture has been provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (6 visits): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, a trial of acupuncture is medically necessary for chronic pain. However, there is very little documentation submitted. It is unclear whether the claimant has had prior acupuncture or if this is a request for an initial trial. If the claimant had prior acupuncture, objective functional improvement must be demonstrated to

substantiate further treatment. Therefore, due to the lack of documentation, acupuncture is not medically necessary or appropriate at this time.