

Case Number:	CM13-0042808		
Date Assigned:	12/27/2013	Date of Injury:	12/10/2012
Decision Date:	02/27/2014	UR Denial Date:	10/11/2013
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 Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California, Maryland, DC, and Florida. 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 22-year-old individual who sustained an injury on 12/10/12. The patient fell while lifting a heavy steel beam. Magnetic resonance imaging (MRI) of the left thumb on 05/17/13, interpreted by [REDACTED] documented there was a mild degenerative change at the first carpometacarpal joint with mild joint space narrowing, osseous ridging and minimal subchondral edema. There was no evidence of acute trabecular bone injury or fracture. Normal MRI of the left thumb. Primary treating physician's progress report on 08/14/13 by [REDACTED] documented that the patient had some improvement wearing a brace. Primary treating physician's progress report dated 09/27/13 by [REDACTED] documented that the patient still continued to have pain and stiffness, worse at night. Treatment plan included Neurontin 300 mg. The patient was diagnosed with left thumb carpometacarpal osteoarthritis. This is a review for medical necessity of the acupuncture 2 times a week for 4 weeks (left thumb).

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 X 4 (Left Thumb): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Pain (Chronic) (Updated 11/14/2014) Acupuncture

Decision rationale: Per the ODG acupuncture guidelines noted below, acupuncture treatments may be extended if functional improvement is documented. Initial trial of 3-4 visits over 2 weeks. With evidence of reduced pain, medication use and objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.). The previous UR reviewer has approved 2 sessions of acupuncture therapy for 3 weeks. Therefore the request for ACUPUNCTURE 2X4 (LEFT THUMB) is not medically necessary. . CA-MTUS (Effective July 18, 2009) Â§ 9792.24.1 page 8 to 9 of 127, Acupuncture Medical Treatment Guidelines: (a) As used in this section, the following definitions apply: (1) "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. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. 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. C) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (I) Time to produce functional improvement: 3 to 6 treatments. (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e). (E) It is beyond the scope of the Acupuncture Medical Treatment Guidelines to state the precaution limitations, contraindications or adverse events resulting from acupuncture or acupuncture with electrical stimulations. These decisions are left up to the acupuncturist. ODG-TWC-Pain (Chronic) (Updated 11/14/2014) Acupuncture Recommended as an option as indicated below (also see specific body-part chapters), as an option for some conditions using a short course in conjunction with other interventions. No particular acupuncture procedure has been found to be more effective than another, and the mode of action is not completely understood. Randomized controlled trials are difficult to perform as minimal acupuncture (superficial needling) has been found to trigger similar results to actual acupuncture when the former was used as a sham treatment. Acupuncture is a passive modality of treatment that is traditionally defined as the insertion of needles (1 cm to 10 cm) at specific points of treatment called acupuncture points. Alternative methods include the use of moxibustion (burning *Artemisia vulgaris* over the acupuncture site), electroacupuncture, cupping (vacuum force is applied over the site), and acupressure. Dry needling is a technique in whi