MAXIMUS Federal Services

Case Number:	CM13-0044028		
Date Assigned:	12/27/2013	Date of Injury:	07/01/2009
Decision Date:	11/04/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine 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 expert 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 applicant is a represented [redacted] employee who has filed a claim for trigger finger reportedly associated with an industrial injury of July 1, 2009.Thus far, the applicant has been treated with the following: Analgesic medications; psychotropic medications; psychological counseling; and anxiolytic medications.In a Utilization Review Report dated October 21, 2013, the claims administrator administratively denied a request for acupuncture owing to the attending provider's reported failure to respond to a request for additional information. The claims administrator stated that the attending provider had failed to specify the amount, frequency, and/or duration of acupuncture proposed.The applicant's attorney subsequently appealed.In a handwritten note dated February 26, 2013, it was acknowledged that the applicant had received unspecified amounts of acupuncture. It was stated that the applicant was still having some pain complaints following right long finger trigger finger release surgery but that the applicant believed the acupuncture was helpful.In an April 16, 2013 medical-legal evaluation, it was noted that the applicant was receiving acupuncture at that point in time. The applicant was given a 38% whole person impairment rating. It was suggested (but not clearly stated) that the applicant was working.In a handwritten note dated August 13, 2013, the applicant was asked to continue acupuncture in unspecified amounts over six weeks for ongoing complaints of bilateral hand and wrist pain. It was again stated that the applicant had felt that acupuncture was helpful.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE: 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: While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.a.3 do support usage of acupuncture in the chronic pain context present here, this recommendation is qualified by MTUS 9792.24.1.c.1's position that the time deemed necessary to produce functional improvement following introduction of acupuncture is "three to six treatments." In this case, the applicant has had unspecified amounts of treatment over the course of the claim. The request for acupuncture, as written, represents an open-ended request for continued acupuncture treatment in unspecified amounts over the duration of the claim. This is not indicated when MTUS 9792.24.1.c.1 notes that acupuncture can produce effect within three to six treatments. Therefore, the request is not medically necessary.

BILATERAL HAND RE-EVALUATION/TREATMENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

Decision rationale: This request, like the preceding request, was imprecise. It appears that this request represents a form of physical therapy treatment/physical modalities. However, as noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 48, it is incumbent upon an attending provider to furnish a prescription which "clearly states treatment goals." In this case, treatment goals, treatment modalities, treatment duration, and treatment frequency was not clearly stated. Therefore, the request is not medically necessary.