

Case Number:	CM13-0045255		
Date Assigned:	12/27/2013	Date of Injury:	10/05/2012
Decision Date:	05/28/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/12/2013

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 Chiropractic Medicine, 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 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 injured worker is a 21 year old female who reported left hand and wrist pain from injury sustained on October 5, 2012. Patient was lifting some objects out of a box and felt a snapping pain of her left hand. Patient was diagnosed with left dorsal wrist/hand pain and left radial neuritis. Patient was treated with medication and physical therapy. Primary treating physician is requesting initial course of 12 acupuncture sessions. Per notes dated August 14, 2013, patient complaints of pain in her left hand, specifically between her index and middle finger that radiated up to the radial side of the wrist. Per notes dated October 10, 2013, patient complaints of constant pain in left wrist radiating to forearm, 2nd and 3rd digits. There is tenderness along the left dorsal wrist and radial nerve. Patient hasn't had any long term symptomatic or functional relief with prior care. Patient continues to have pain and flare-ups.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TWICE A WEEK FOR SIX WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the Acupuncture Medical treatment Guidelines, "acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery; Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient hasn't had prior Acupuncture treatment. Per guidelines 3-6 treatments are sufficient for initial course of Acupuncture. Additional visits may be rendered if the patient has documented objective functional improvement. According to the MTUS- Definition 9792.20 (f), "Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. The request for acupuncture twice weekly for six weeks is not medically necessary or appropriate.