

Case Number:	CM13-0048093		
Date Assigned:	01/31/2014	Date of Injury:	11/25/2012
Decision Date:	06/11/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/04/2013

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 Acupuncture, has a subspecialty in Addiction Detoxification, and is licensed to practice in New York. 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 has filed a claim for an injured hand and thumb. On 11/25/12, the applicant was apprehending a suspect high on phencyclidine (PCP). While attempting to place handcuffs on the suspect, he hyper-extended his thumb and injured his left hand. He experienced immediate pain in his hand and thumb, but did not report the injury right away to his employer. Evidently, X-rays had been taken of the applicant's left hand and wrist and it was reported on 9/05/13 by the acupuncturist, having negative findings. He also had an MRI (magnetic resonance imaging) with positive findings of mild extensor tendinosis of left hand at the first digit at the metacarpophalangeal (MCP) joint. Since the incident, the applicant has received treatment by his orthopedist, Doctor of Osteopathic Medicine (DO), physical therapist, acupuncturist, received medications, and consulted with hand surgeon on January 2013 and again in May 2013. At the date of the determination, 9/27/13, the claim administrator denied additional acupuncture therapy for the applicant since prior acupuncture treatments resulted in no real benefit in functional improvement nor has sufficient evidence been provided by the DO.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT ACUPUNCTURE, TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS), FOR THE LEFT WRIST AND HAND: 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 documentation submitted for review, evidently, the applicant has had prior acupuncture care without any real benefit or evidence of functional improvement. As noted in the MTUS acupuncture guidelines, acupuncture treatments may be extended if there is functional improvement. Therefore, the request for the additional acupuncture therapy is not medically necessary.