

Case Number:	CM13-0057886		
Date Assigned:	12/30/2013	Date of Injury:	05/14/2010
Decision Date:	07/21/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/25/2013

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 a Licensed Chiropractic & 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 claimant is a 30 year old male who sustained a work related injury on 5/14/2010. Prior treatment included TENS and acupuncture of unknown quantity. Diagnoses are left thumb contusion, left thumb laceration, status post left foreign body removal surgically, decreased left grip strength. Per a PR-2 dated 12/16/2013, he has left thumb and hand pain. He also has decreased strength in his left hand. He has decreased strength in his left hand at 50 lbs. There is local tenderness and swelling in the left thumb. It is documented that the patient is not working.

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: According to the MTUS Acupuncture Treatment Guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. In this case, the claimant has had acupuncture of an unknown

quantity; however, the provider has failed to document functional gains associated with prior acupuncture treatment. Therefore, the request for acupuncture is not medically necessary and appropriate.