

Case Number:	CM13-0064900		
Date Assigned:	01/03/2014	Date of Injury:	03/23/2012
Decision Date:	06/23/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/12/2013

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 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:

This is 37-year-old male who has reported left hand pain after an injury on 3/23/12. He was diagnosed with a laceration, fracture, and crush injury initially. Some evaluators have subsequently diagnosed Complex Regional Pain Syndrome. Treatment has included acute repair, subsequent manipulation under anesthesia, hand therapy, medications, and acupuncture. The medical records are conflicting regarding number of visits to date. Acupuncture was first prescribed on 9/20/13, for eight (8) visits. An acupuncture report of 11/11/13 states, that six (6) of six (6) visits were completed. An acupuncture report of 12/13/13 states that one (1) of six (6) visits were completed. According to the the progress report 2 (PR2) of 11/2/13, there was some improvement in the left shoulder after two acupuncture visits. No specific functional improvement was described. Medications were continued. Work status was unchanged. Additional acupuncture was prescribed. According to the the progress report 2 (PR2) of 12/10/13, six (6) acupuncture visits were completed. No functional improvement was described. On 11/25/13, Utilization Review non-certified additional acupuncture, noting the lack of functional improvement after prior acupuncture and the MTUS recommendations. This Utilization Review decision was appealed for an Independent Medical Review.

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 FOR THE LEFT INDEX FINGER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Acupuncture Medical Treatment Guidelines, ,

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The prescription for additional acupuncture is evaluated in light of the MTUS recommendations for acupuncture, including the definition of "functional improvement". An initial course of acupuncture was apparently completed, although the records provide conflicting accounts of the quantity. Medical necessity for any further acupuncture is considered in light of "functional improvement". Since the completion of the acupuncture visits, the treating physician has not provided evidence of clinically significant improvement in activities of daily living or a reduction in work restrictions. The treating physician has referred to improvements in function, but has not provided specific measures of any function. Work status is unchanged. There is no evidence of a reduction in the dependency on continued medical treatment. No additional acupuncture is medically necessary based on lack of functional improvement as defined in the MTUS.