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| Case Number: | CM14-0001959 | | |
| Date Assigned: | 01/24/2014 | Date of Injury: | 10/10/2011 |
| Decision Date: | 07/29/2014 | UR Denial Date: | 12/23/2013 |
| Priority: | Standard | Application Received: | 01/06/2014 |

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 Licensed in Chiropractic, 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:

Claimant is a 25 year old female who sustained a work related injury on 10/10/2011. Six acupuncture visits were authorized on 12/23/2013. There were also eight acupuncture sessions authorized on 3/28/12. Per a PR-2 dated 12/11/2013, the claimant has dull aching pain with numbness in the left hand and left index and left middle fingers. The pain is 7/10 and aggravated such as grasping or cold weather and it is relieved by rest. Her diagnoses are hand sprain/strain, hand joint pain, and insomnia. Prior treatment has included oral medication and topical medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE LEFT INDEX FINGER 2X6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. There is no documentation of completion or of functional

improvement from the authorized six acupuncture cases in 2013 or eight cases in 2012. If this is a request for an initial trial, twelve visits exceeds the recommended guidelines for an initial trial. Therefore further acupuncture is not medically necessary.