

Case Number:	CM14-0002084		
Date Assigned:	02/10/2014	Date of Injury:	02/16/2010
Decision Date:	06/16/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/07/2014

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 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 is a female, employed by the [REDACTED] who has filed a claim for an industrial injury to his bilateral hands causing numbness and tingling. He has difficulty holding items and currently wears splints at night. The mechanism of injury is related to the applicant's job function of repetitive opening of mail. Since this incident on 2/16/10, the applicant underwent care with an orthopedist and from an acupuncturist. Throughout the years, X-rays were obtained, occupational therapy advice administered and splints were utilized. As mentioned just above, he had previous acupuncture treatments without demonstrated functional improvement. Claimant would like to avoid surgical and medication intervention. Before 12/27/14, date of the utilization review determination, the applicant had received acupuncture as a course of treatment without documented results. The claims administrator of this report did not find it reasonable for the applicant to receive additional acupuncture therapy and did not certify such noting the applicant has not shown any functional improvement consistent with measurable goals according to CA MTUS definition.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 SESSIONS OF ACUPUNCTURE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The applicant has had prior acupuncture care without any real benefit or evidence of functional improvement. As noted in MTUS 9792.24.1.d, acupuncture treatments may be extended if functional improvement as defined in section 9792.20f exists and is documented. Therefore, additional acupuncture therapy is not medically necessary.