MAXIMUS Federal Services

Case Number:	CM14-0013161		
Date Assigned:	02/24/2014	Date of Injury:	07/18/2011
Decision Date:	06/09/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/03/2014

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 a Licensed Acupuncturist 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 55 year old patient with pain complains of the left hand. Diagnosis includes left hand crush injury (middle finger). Previous treatments include surgery, oral medication, physical therapy, and work modifications amongst others. As the patient continued symptomatic, a request for acupuncture, quantity 12 was made on 01-08-13 by the primary treating physician. The requested care was modified on 01-16-14 by the UR reviewer to approve three sessions and non-certifying nine sessions. The reviewer rationale was "the clinical indication for the acupuncture requested is not clear...there is not summarization of previous treatment...after a peer to peer , it was mutually agreed on a modification of 1x3 acupuncture sessions".

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTOPERATIVE ACUPUNCTURE 2 X WEEK FOR 6 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As the patient continued to be symptomatic despite previous care (surgery, physical therapy, oral medication, work modifications and self care) an acupuncture trial for pain

management would have been reasonable and supported by the MTUS guidelines. The MTUS guidelines note that the amount to produce functional improvement is 3 to 6 treatments. Additionally, the MTUS guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the primary treating physician requested initially 12 sessions, which is significantly more than the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive, and would not be supported. The request for post-operative acupuncture twice a week for six weeks is not medically necessary and appropriate.