

Case Number:	CM14-0164664		
Date Assigned:	10/09/2014	Date of Injury:	05/19/2010
Decision Date:	11/10/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/07/2014

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 Orthopedic Surgeon and is licensed to practice in Texas. 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 injured worker is a 52-year-old female who reported an injury on 05/19/2010 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her right upper extremity. The injured worker's treatment history included medications, physical therapy, chiropractic care, corticosteroid injections, and surgical intervention. The injured worker was evaluated on 08/08/2014. It was documented that the injured worker had 8/10 right wrist pain and 7/10 lumbar pain that radiated into the left lower extremity. Physical findings included moderate tenderness to palpation of the right wrist and reduced range of motion secondary to pain. The injured worker's diagnoses included postsurgical right wrist pain and left lumbosacral discopathy. The injured worker's treatment plan included chiropractic care, biofeedback exercises, low back pain, acupuncture, and a referral to a psychiatrist and orthopedist for evaluation. A Request for Authorization form was submitted on 08/08/2014 to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2xwk x 6wks right wrist QTY: 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule states that continued acupuncture should be based on documented functional improvement, evidence of pain relief, and evidence of a reduction in medications. The clinical documentation submitted for review indicates that the injured worker should continue acupuncture treatment. This is indicative of the patient already receiving treatment. As there is no documentation of significant functional improvement or pain relief resulting from previous use of acupuncture, continued treatment would not be supported. As such, the requested Acupuncture 2xwk x 6wks right wrist QTY: 12 is not medically necessary or appropriate.