

Case Number:	CM14-0020344		
Date Assigned:	05/02/2014	Date of Injury:	03/08/2012
Decision Date:	07/08/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/19/2014

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 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:

The patient is a 39 year old male with a date of injury of 3/08/2012. According to the progress report dated 1/21/2014, the patient complained of right thumb pain, upper and mid back pain, and right shoulder pain. The pain radiates to the right arm and elbow. Lifting pushing, pulling, gripping, and twisting aggravates her symptoms. Significant objective findings include tenderness to palpation over carpometacarpal joint, muscle strength 4/5 in flexion and extension of metacarpophalangeal and interphalangeal joint. Range of motion restricted due to pain. The patient was diagnosed with right wrist flexor carpi radialis tenosynovitis, right thumb sprain, and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT ACUPUNCTURE ONCE A WEEK FOR SIX WEEKS FOR THE RIGHT THUMB AND RIGHT WRIST: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guideline recommends acupuncture for chronic pain. It recommends an initial trial of 3-6 visits over 1-2 months to produce

functional improvement. The guideline states that acupuncture may be extended if there is documentation of functional improvement. According to the acupuncture provider's progress report dated 7/01/2013, the patient completed 24 acupuncture visits. The patient was authorized 12 acupuncture visit on 9/20/2013. According to the progress report dated 2/18/2014, the provider stated that acupuncture is the only thing that helps with her flare up. There was no documentation of functional improvement from previous acupuncture treatments; Therefore, the request for additional acupuncture once a week for 6 weeks is not medically necessary and appropriate.