

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0021953 | | |
| Date Assigned: | 05/09/2014 | Date of Injury: | 01/03/2012 |
| Decision Date: | 07/22/2014 | UR Denial Date: | 02/12/2014 |
| Priority: | Standard | Application Received: | 02/21/2014 |

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 and 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 claimant is a 61-year-old female who sustained a work-related injury on 1/3/2012. Her diagnoses are status post fall with left radial carpal bone fracture, status post open reduction and internal fixation (ORIF) surgery, left wrist internal derangement, left wrist sprain, and left wrist fracture. Per a progress report (PR-2) dated 1/28/2014, the claimant is status post ORIF of the distal radius fracture. Prior treatment includes acupuncture, occupational therapy, splinting, hand therapy, home exercise program, physical therapy, surgery, and oral medication. She is working with modifications. She is experiencing pain and weakness with certain movements of her left wrist. Per a AME (agreed medical evaluation) dated 1/16/2014, the claimant had received some acupuncture treatments as of June 16, 2013. She has reached maximum medical improvement. The claimant attended eight additional visits of acupuncture from 10/2/13 to 11/18/2013. The notes are mostly illegible. Comparing PR-2s from 11/12/2013 with 9/10/2013, the grip strength had not changed and the wrist ranges of motion were decreased overall at the later date. She reports that acupuncture has been of benefit and that her wrists feel looser.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL ACUPUNCTURE X 8 VISITS FOR LEFT WRIST: 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 may be considered medically necessary, depending on documented functional improvement. "Functional improvement" means a clinically significant improvement in activities of daily living or a reduction in work restrictions, medication, or dependency on continued medical treatment. Although the claimant has had acupuncture treatment, the provider has failed to document objective functional improvement associated with the completion of her acupuncture visits. There is report of some subjective benefit. However, there is no evidence of significant, measurable, positive outcomes as a result of treatment, nor is there documentation of any increase in ability to perform activities of daily living, increased ability to perform job-related activities, or reduced medication. Therefore, further acupuncture is not medically necessary.