

Case Number:	CM14-0022862		
Date Assigned:	06/13/2014	Date of Injury:	06/14/2012
Decision Date:	07/15/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/24/2014

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 Internal Medicine 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 injured worker is a 40-year-old male who sustained an injury to his right thumb on 06/14/14. The mechanism of injury was not documented. A clinical note 12/06/13 reported that the injured worker returned to regular duties at work. He continued to complain of persistent pain and stiffness of the right thumb with some decreased strength. Physical examination noted slight stiffness at the right MP (metacarpophalangeal) and IP (interphalangeal) joints with pain at the extremes of motion; no instability; grip and pinch strength are diminished on the right. The injured worker was diagnosed to be status post right thumb MP sprain with post traumatic stiffness and early arthrosis, resolved right thumb CMC (carpometacarpal) sprain and resolved right forearm tendinitis. The injured worker was recommended to continue home exercise program and continue working present duties. He was expected to reach medical plateau in approximately six weeks. He was advised to continue with his nonsteroidal anti-inflammatory medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) ACUPUNCTURE VISITS FOR THE RIGHT THUMB: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for 12 acupuncture visits for the right thumb is not medically necessary. The previous request was denied on the basis that the injured worker had already been approved for at least six acupuncture therapy visits to date. There were no follow-up notes that would indicate the patient's response to previous conservative treatment. The records indicate that the injured worker was expected to have medically plateaued as of January 2014. Given the clinical documentation submitted for review, medical necessity of the request for 12 acupuncture visits for the right thumb has not been established.