

Case Number:	CM14-0027105		
Date Assigned:	06/13/2014	Date of Injury:	04/28/2013
Decision Date:	07/16/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/03/2014

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 Board Certified in Anesthesiology, has a subspecialty in Pain Medicine 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 54 year old female whose date of injury is 04/28/2013. The mechanism of injury is repetitive use. Progress report dated 05/15/14 indicates that a course of acupuncture was helpful. Medications are listed as Zofran, Naproxen, Tramadol and Prilosec. Right hand MRI is noted to reveal moderate to severe first carpometacarpal joint arthrosis with full thickness chondral loss and moderate underlying bone marrow edema. Assessment is pain in joint, hand, and osteoarthritis, knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 4 TIMES A WEEK FOR 4 WEEKS FOR BOTH HANDS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the clinical information provided, the request for acupuncture 4 times a week for 4 weeks for both hands is not recommended as medically necessary. There is no comprehensive assessment of treatment completed to date or the injured worker's response thereto submitted for review. It is unclear how many sessions of acupuncture have been completed to date, and there are no objective measures of improvement provided to establish

efficacy of treatment or support of additional sessions. California Medical Treatment Utilization Schedule notes that optimum duration of treatment is 1-2 months, and there is no clear rationale provided to support exceeding this recommendation.