

Case Number:	CM14-0029288		
Date Assigned:	06/16/2014	Date of Injury:	08/28/2012
Decision Date:	07/17/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/07/2014

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 Chiropractic and Acupuncture and is licensed to practice in CA. 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 57 year old female who reported bilateral thumb and wrist pain from injury sustained on 8/28/12. Mechanism of injury is unknown. There were no diagnostic imaging reports. Patient is diagnosed with radial styloid tenosynovitis; bilateral thumb carpo-metacarpal joint osteoarthritis and bilateral hand osteoarthritis. Patient has been treated with medication and braces. Per notes dated 11/1/13, patient complains of pain in the right base of thumb and right ulnar wrist mass. Patient complains of worsening symptoms of intermittent bilateral thumb osteoarthritis with right greater than left basal thumb pain. Pain is sharp and throbbing and rated at 6/10. Pain is exacerbated by activity and improved with rest and ice. Examination of the right wrist revealed a cystic mass over the dorsoulnar aspect of the right wrist. Per notes dated 2/3/14, patient continues to have pain in bilateral thumbs. Left thumb is worse than the right with swelling. Primary treating physician requested 1-2 visits X6 weeks which was modified to 1X6 per guidelines. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 1-2 TIMES PER WEEK FOR 6 WEEKS TO BILATERAL HANDS AND THUMBS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines Page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient hasn't had prior Acupuncture treatment. Per guidelines 3-6 treatments are sufficient for initial course of Acupuncture which was authorized by the utilization reviewer. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence 1-2 visits of Acupuncture for 6 weeks are not medically necessary.