

Case Number:	CM14-0033864		
Date Assigned:	07/23/2014	Date of Injury:	01/27/2013
Decision Date:	08/27/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/18/2014

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, 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 44-year-old male with a date of injury of 1/27/2013. According to the doctor's first report dated 2/14/2014, the patient complained of pain in the bilateral hands. The patient described the pain as stabbing and burning in nature. Significant findings include pain around the joint and fingers. The patient was diagnosed with bilateral wrist and hand pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for bilateral wrists/hands 1x4: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoration of Function Chapter (page 114).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Acupuncture Medical Treatment Guidelines. The Expert Reviewer's decision rationale: The Acupuncture Medical Treatment Guideline states that acupuncture may be extended if there is documentation of functional improvement. Records indicate that the patient completed at least 4 acupuncture sessions between 12/31/2013 through 1/21/2014. There was no documentation of functional improvement with acupuncture. In addition, the acupuncturist noted that the patient's condition

remained the same during his 4th acupuncture visit. Based on the lack of functional improvement from the provided acupuncture sessions, the provider's request for additional acupuncture once a week for four weeks is not medically necessary at this time.