

Case Number:	CM14-0040677		
Date Assigned:	06/27/2014	Date of Injury:	06/21/2012
Decision Date:	07/29/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/04/2014

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, 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 injured worker is a 41 year old male who reported right hand and wrist pain from injury sustained on 06/21/12. On the day of injury the patient was at a company event playing tug of war when the other components pulled the rope prematurely and caused the patient's 2 finger to swell. Radiographs of the right wrist revealed osseous bridging of lunate and triquetrium. An MRI of the right wrist revealed fusion of the lunate and triquetrium as well as radioulnar effusion. The patient is diagnosed with right wrist tendinitis; right wrist carpal tunnel syndrome; right 4th and 5th digit injury. The patient has been treated with medication, therapy, epidural injection and acupuncture. Per medical notes dated 12/13/13, the patient complains of right hand pain rated at 9/10 and occurs 80% of the time. Pain is aggravated by physical activity and alleviated by medication. Right wrist pain is rated at 9/10 and also experiences it at 80% of the time. The patient also complains of tingling and weakness in the arms and hands. Per medical notes dated 02/02/14, the patient complains of right hand pain and stiffness with limited range of motion of the right wrist and hand. Per utilization review, the patient has had prior acupuncture treatment. Primary treating physician is requesting additional course of acupuncture x6. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. 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 or decrease in medication intake none of which were documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 1 A WEEK FOR 6WEEKS TO THE RIGHT HAND/WRIST: 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: Per the MTUS Acupuncture Guidelines, "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". The patient has had prior acupuncture treatment. Per medical notes, the patient continues to have right hand pain and stiffness with limited range of motion. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Additional visits may be rendered if the patient has documented objective functional improvement. As such, the request is not medically necessary and appropriate.