

Case Number:	CM14-0061205		
Date Assigned:	07/09/2014	Date of Injury:	01/26/2014
Decision Date:	09/08/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/02/2014

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 Occupational 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 patient is a 33-year-old male who has submitted a claim for right thumb laceration, associated with an industrial injury date of January 28, 2014. Medical records from 2014 were reviewed. The latest progress report, dated 05/12/2014, showed constant right thumb pain, which was rated as moderate to occasionally severe. There was no radiation of pain but it was described as tingling sensation and was very sensitive. The pain increased when using the right thumb and decreased when using pain medication. Physical examination revealed partial amputation of tip of right thumb. No discharge or erythema was noted. Flexion of the DIP of the right thumb was limited, but adduction/abduction and extension/flexion of the thumb was not restricted. Treatment to date has included partial fingertip amputation, unspecified sessions of acupuncture treatment and pain medications. Utilization review from 04/16/2014 modified the request from acupuncture 1x6 weeks for the right finger to acupuncture 4 sessions for the right finger because given the persistent pain unresponsive to medication; a trial of acupuncture was clinically indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to the right finger, 1 time a week for 6 weeks, QTY: 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture treatments may be extended if functional improvement is documented. The frequency and duration to produce functional improvement is 3 - 6 treatments, frequency of 1 - 3 times per week, and duration of 1 - 2 months. It may be extended if functional improvement is documented. In this case, patient has been started with acupuncture treatment in March 2014 and completed an unspecified number of sessions. However, medical reviews did not document functional improvement derived from the previous sessions of acupuncture treatment. Furthermore, the rationale for requesting additional sessions of acupuncture treatment was not specified. The medical necessity was not established. Therefore, the request for acupuncture to the right finger, 1 time a week for 6 weeks QTY: 6 are not medically necessary.