

Case Number:	CM14-0069847		
Date Assigned:	07/14/2014	Date of Injury:	06/28/2013
Decision Date:	08/25/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/15/2014

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 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 29 year old female who reported right wrist and hand pain from injury sustained on 06/28/13 due to cumulative trauma of repetitive computer work. Electrodiagnostic studies were unremarkable. Patient is diagnosed with right wrist and hand sprain. Patient has been treated with medication, occupation therapy and acupuncture. Per medical notes dated 01/31/14, patient complains of right hand pain rated at 7-8/10. Per medical notes dated 04/11/14, patient complains of right wrist and hand pain rated at 6/10. She reports what while she was attending acupuncture, her symptoms were better. Per acupuncture notes dated 04/21/14, after 6 visits of acupuncture, the patient has responded positively with an estimated of 20% reduction in symptoms. Per medical notes dated 05/09/14, patient rates her pain at 6/10 with no radiation of pain, numbness or tingling sensation. Per notes patient has reached state of maximum medical improvement hence she is being declared permanent and stationary with future medical care. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture: Qty: 6.00 for right wrist/hand: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 has had prior acupuncture treatment. Per acupuncture notes dated 04/21/14, after 6 visits of acupuncture, the patient has responded positively with an estimated of 20% reduction in symptoms. Per medical notes dated 04/11/14, she reports that while she was attending acupuncture, her symptoms were better. There is lack of evidence that prior acupuncture care was of any functional benefit. 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. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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. Per review of evidence and guidelines, additional 6 acupuncture treatments are not medically necessary.