

Case Number:	CM14-0097682		
Date Assigned:	07/28/2014	Date of Injury:	04/04/2014
Decision Date:	08/29/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/25/2014

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 Chiropractics and 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 33 year old female who reported neck, mid back, right shoulder, right hand/wrist and right finger pain from injury sustained on 04/04/14. The patient was cutting with an electric saw when a piece of wood got stuck causing her hand to jerk up. X-rays of the right hand revealed no fracture. X-rays of cervical spine revealed early discogenic spondylosis at C5-6. X-rays of the right shoulder revealed no fracture or osseous changes. The patient is diagnosed with saw laceration dorsum right middle finger and right hand with never and tendon damage; cervicothoracic sprain and right shoulder sprain/strain with impingement. The patient has been treated with medication and status post surgery. Per medical notes dated 05/07/14, patient complains of constant, severe stabbing neck pain more on the right. She has occasional headaches. She wakes up at night due to pain. Pain radiates to the right hand. There is constant tingling and numbness on the palm of the right hand. She also complains of right shoulder pain and weakness. The provider is recommending initial trial of 12 acupuncture treatments which were modified to 4 treatments by the utilization reviewer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times per week for 6 weeks for right wrist/hand.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per California 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. The patient has not had prior Acupuncture treatment. Provider recommended initial trial of 12 acupuncture visits which was modified to 4 by the utilization reviewer. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. 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. California 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, 12 Acupuncture visits are not medically necessary.