

Case Number:	CM14-0007951		
Date Assigned:	02/10/2014	Date of Injury:	10/03/2011
Decision Date:	01/23/2015	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/21/2014

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 Acupuncturist, has a subspecialty in Chiropractic 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:

This 53 year old male was injured when he was pushing a pipe and it got stuck. His left hand bent backwards and he felt a pop in his hand with immediate swelling. The date of injury was October 3, 2011. Diagnoses include left biceps deformity/possible tear, left wrist sprain/strain, left elbow medial epicondylitis and left upper extremity neuropathy. In evaluation dated August 22, 2013, the injured worker complained of constant pain to the left hand. He rated the pain a 6 on a 1-10 pain scale. The pain radiated to the right arm and right thumb with associated numbness and tingling sensation. Physical examination of the left hand showed mild inflammation and tenderness to palpation of the dorsal aspect of the wrist. Range of motion of the left wrist included 45 degrees flexion, 45 degrees extension, 25 degrees ulnar deviation and 15 degrees radial deviation. Treatment modalities listed in the evaluation included a splint and medications. The treatment plan included physician requests for an MRI, chiropractic treatment, supervised physiotherapy, acupuncture and range of motion/muscle strength testing but the medical record was lacking further information. A request was made for outpatient acupuncture 2x6 for the left upper extremity. On January 7, 2014, utilization review modified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient acupuncture two times a week for six weeks, left upper extremity: Upheld

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

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 not had prior Acupuncture treatment. Provider requested initial trial of 12 acupuncture treatments which were modified to 6 by the utilization review on 01/07/14. 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. 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.