

Case Number:	CM14-0117165		
Date Assigned:	08/27/2014	Date of Injury:	08/01/2011
Decision Date:	04/23/2015	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 62 year old female, who sustained an industrial injury on August 1, 2011. The diagnoses have included right CTS and right 3rd and 4th D trigger finger. Treatment to date has included splint and medications. Currently, the injured worker complains of pain in trigger finger. In a progress note dated May 28, 2013, the treating provider reports evaluation of right fourth and third fingers, swelling, the providers note is handwritten and not all of it is legible.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guideline states that acupuncture may be extended with documentation of functional improvement. The patient complained of pain in the fingers and was diagnosed with right carpal tunnel syndrome. Records indicate that the patient had prior acupuncture treatments. There was no documentation of functional

improvement from prior acupuncture sessions. In addition, the provider noted that the patient has received maximum benefits from physical therapy and acupuncture and that the patient should have corticosteroid injection for trigger finger and possible surgical release in the report dated 4/9/2013. Therefore, the provider's request for 8 acupuncture sessions is not medically necessary.