

Case Number:	CM14-0161103		
Date Assigned:	10/06/2014	Date of Injury:	08/30/2011
Decision Date:	08/18/2015	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/01/2014

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 was a 63 year old male, who sustained an industrial injury, August 30, 2011. The injured worker previously received the following treatments Naproxen, Celebrex, Protonix, Lidoderm Patches, tramadol, physical therapy, 40 sessions of acupuncture for the right thumb, right hand MRI which showed a benign cyst or lesion on the 4th phalanx and right wrist injection not helpful. The injured worker was diagnosed with right thumb CMCJ osteoarthritis from traumatic injury, right knee pain and lumbar spine stenosis. According to progress note of July 1, 2014, the injured worker's chief complaint was right thumb and right wrist. The injured worker rated the pain at 7 out of 10. The pain was constant and pain with gripping. The physical exam noted the injured worker was well-nourished injured worker. The injured worker's cognitive ability was within normal limits. The injured worker was right handed. The treatment plan included acupuncture treatments for the right wrist and thumb. Per a PR-2 dated 2/20/14, the claimant continues to complain of thumb pain. Acupuncture does help relieve his pain. Per a PR-2 dated 3/26/14, the claimant reports very good relief with ongoing acupuncture. The claimant has had over 49 authorized acupuncture treatments. Per an acupuncture report dated 3/27/14, the claimant's pain level has decreased from 5 to 4/10 and GPI has decreased from 35 to 34. Grip strength is similar and medication usage change is illegible. Per a PR-2 4/24/14, the claimant reports that ongoing acupuncture is helping him. Per an acupuncture report dated 5/22/14, the claimant's pain level has increased from 4 to 6/10 and all other measures are the same after 34 visits of acupuncture. Per an acupuncture report dated 8/22/14, the claimant's pain level and medications are the same, grip strength has decreased after 47 visits of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment 2 x 6 for the right wrist and thumb to include modalities for pain relief, to decrease inflammation and increase range of motion: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior extensive acupuncture with subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. There is no clinically significant change over the course of treatments. Therefore, further acupuncture is not medically necessary.