

Case Number:	CM14-0190563		
Date Assigned:	11/24/2014	Date of Injury:	04/15/2014
Decision Date:	01/09/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/14/2014

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 Chiropractic 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:

This is a 60 year old male who suffered a cumulative work related injury on 4/15/2014, and according to a physician note dated 8/28/2014 the injured worker fell from a ladder injuring his left wrist, on 4/15/2014. He has diagnoses of fractured left carpal bone, and left wrist internal derangement. The injured worker's treatment has included medications, physical therapy, and acupuncture. A progress note dated 10/22/2014 documents the injured worker's left wrist has constant moderate sharp, throbbing pain with muscle spasms. There is bruising present at the left wrist and there are disfigured bones present at the left wrist. The ranges of motion are decreased and painful. There is tenderness to palpation of the lateral wrist and medial wrist. The injured worker has pain with Phalen's, Tinel's, reverse Phalen's, and Finkelstein's. The request is for acupuncture to the left wrist for 2 times a week for 4 weeks. On 11/07/2014 Utilization Review modified the request for acupuncture 2 times a week for 4 weeks to acupuncture for 6 sessions. California MTUS Acupuncture Medical Treatment Guidelines was used in the decision. The Utilization Review documents that in reviewing the records available it did not appear the patient has yet undergone a course of acupuncture. As the patient continues symptomatic an acupuncture trial for pain management and function improvement would be reasonable. The guidelines note that time to produce functional improvement in 3-6 treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x4 left wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hand, wrist and forearm pain, Acupuncture.

Decision rationale: Patient has had prior acupuncture treatment. Per medical notes dated 08/28/14, he had received physical therapy and acupuncture with temporary relief. Provider requested additional 8 acupuncture treatments which were modified to 6 by the utilization review on 11/07/14. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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. Requested visits exceed the quantity supported by cited guidelines. Furthermore, Official Disability Guidelines do not recommend acupuncture for hand/wrist or forearm pain. Per review of evidence and guidelines, 8 acupuncture treatments are not medically necessary.