

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0082378 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 05/08/2008 |
| Decision Date: | 04/01/2015 | UR Denial Date: | 05/08/2014 |
| Priority: | Standard | Application Received: | 06/02/2014 |

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 61 year old male, who sustained an industrial injury on 5/8/2008. He reports a right hand injury. Diagnoses include right hand strain and status post right thumb trigger release. Treatments to date include surgery, physical therapy and medication management. A progress note from the treating provider dated 4/29/2014 indicates the injured worker reported right hand pain. On 5/8/2014, Utilization Review non-certified the request for 16 sessions of acupuncture to the right thumb, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x week x 8 weeks, Right Thumb: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient was being treated for right hand complaints. Records indicate that the patient had a right thumb "trigger finger" release dated 8/28/2008. Based on the submitted documents, it appears that the patient is candidate for a trial of acupuncture sessions.

The Acupuncture Medical Treatment guideline recommends a trial of 3-6 sessions with a frequency of 1-3 times a week over 1-2 months to produce functional improvement. There was no evidence that the patient had completed a trial of acupuncture session. However, the provider's request for 16 acupuncture sessions to the right thumb exceeds the guidelines recommendation for an initial trial. The provider's request is not consistent with the guidelines and therefore, the request is not medically necessary at this time.