

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0085984 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 05/14/2010 |
| Decision Date: | 01/05/2015 | UR Denial Date: | 05/23/2014 |
| Priority: | Standard | Application Received: | 06/09/2014 |

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 Anesthesiology, has a subspecialty in Pain Management 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:

The patient is a 30-year-old male who has submitted a claim for left thumb contusion injury and laceration associated with an industrial injury date of 5/14/2010. Medical records from 2014 were reviewed. The patient complained of persistent pain and discomfort involving his left thumb. The patient reported beneficial effects from acupuncture sessions, based on a note dated 4/29/2014. However, a report from 4/8/2014 documented discontinuation of electroacupuncture because of failure to provide significant relief of symptoms. Physical examination showed decreased grip strength over his left hand at 50 pounds, tenderness, swelling, and normoreflexia. Treatment to date has included TENS unit, acupuncture, exercise program, and medications. The utilization review from 5/23/2014 denied the request for acupuncture. Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture treatments may be extended if functional improvement is documented. The frequency and duration to produce functional improvement is 3 - 6 treatments, frequency of 1 - 3 times per week, and duration of 1 - 2 months. It may be extended if functional improvement is documented. In this case, patient has received acupuncture treatment in the past; however, the exact number of visits is not documented in the medical records submitted. The patient reported beneficial effects from acupuncture sessions, based on a note dated 4/29/2014. However, a report from 4/8/2014 documented discontinuation of electroacupuncture because of failure to provide significant relief of symptoms. There is conflicting information concerning this issue. Moreover, there is no documentation stating the pain reduction, functional improvement or decreased medication-usage associated with acupuncture. Lastly, the request as submitted failed to specify body part to be treated and intended number of therapy sessions. Therefore, the request for acupuncture is not medically necessary.