

Case Number:	CM15-0000407		
Date Assigned:	01/09/2015	Date of Injury:	11/22/2014
Decision Date:	03/06/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/02/2015

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: 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 37 year old female, who sustained work related injury on 11/22/14. She reported right hand pain and diagnosed with a right hand contusion, right hand sprain/strain and right upper extremity neuropathy. Treatment to date has included pain medication. Currently, the injured worker complains of right hand pain, rates 9/10. She has pain that radiates to her wrist, forearm, elbow, arm shoulder and upper back with numbness, tingling and burning sensation. She states the pain gets worse with colder weather, repetitive use and grasping. Pain medication is helping to decrease pain. On 12/26/14, Utilization Review non-certified a request for acupuncture for the right hand; 2X6, noting the acupuncture is not a first-line treatment for right hand pain. The injury is recent and there are no documented previous treatments to right hand. ODG was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the right hand twice a week for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic, an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS. The guidelines note that the amount to produce functional improvement is 3-6 treatments. Also, the guidelines could support additional care based on the functional improvement(s) obtained with the initial care. As the primary care physician requested an initial 12 acupuncture sessions, which significantly exceeds the number recommended by the guidelines without extraordinary circumstances reported, the request is excessive, not supported for medical necessity.