

Case Number:	CM15-0002619		
Date Assigned:	01/14/2015	Date of Injury:	11/01/2013
Decision Date:	03/12/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/06/2015

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: 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 60 year old female who reports pain in her right index finger resulting from a work related injury on 11/01/2013. Patient was opening a door with fore in her office when she experienced a sharp pain in the PIP joint. Patient is diagnosed with the following: finger pain, finger sprain and osteoarthritis, NOC. Per physician's notes dated 12/18/2014, patient reports her level of pain at 2/10 as opposed to 8/10 prior to surgery. Examination reveals that incision is clean, dry and intact with no signs of infection. Patient has been treated with medications, physical therapy, Acupuncture, toradol injections, splint, PIP joint collateral ligament reconstruction and PIP joint replacement. Primary treating physician requested 12 acupuncture visits which were modified to 4 by the utilization reviewer. Physicians note dated 12/11/2014 indicates that prior acupuncture treatment was effective with edema control. Given the patients surgical procedure, 4 acupuncture treatments may be beneficial for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatments right hand #12: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines Page 8-9. Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. Patient has had prior Acupuncture treatment. Provider is requesting initial trial of 12 acupuncture treatments which were modified to 4 acupuncture sessions by the utilization reviewer. Requested visits exceed the quantity supported by cited guidelines. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Additional visits may be rendered if the patient has documented objective functional improvement. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.