

Case Number:	CM15-0106511		
Date Assigned:	06/11/2015	Date of Injury:	08/05/2012
Decision Date:	07/13/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/02/2015

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: 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 64-year-old male, who sustained an industrial injury on August 5, 2012. He reported that while wringing out a mop with his right hand, the handle broke and he lost his balance, falling and landing on his right hand/arm. The injured worker was diagnosed as having chronic pain disorder, chronic non-union scaphoid fracture, status post right carpal tunnel release, mild left carpal tunnel syndrome, status post multiple trigger finger releases in bilateral hands, right wrist/hand pain with multiple pain causations, long history of multiple joint degenerative joint disease, long history of stress, long history of diabetes mellitus, hyperlipidemia, and GERD. Treatment to date has included electromyography (EMG)/nerve conduction study (NCS), right carpal tunnel release, right trigger finger release, and medication. Currently, the injured worker complains of right hand and wrist pain. The Treating Physician's report dated May 12, 2015 noted the injured worker's pain did get a little better with acupuncture, sleeping better, with swelling resolved. The injured worker rated his pain as 8/10 on the visual analog scale (VAS) without medications and 6/10 with medications. Physical examination was noted to show allodynia in all areas of the right hand. A left upper extremity electromyography (EMG)/nerve conduction study (NCS) was noted to be abnormal with evidence of mild left carpal tunnel syndrome. The injured worker's current medications were listed as Hydrocodone/Acetaminophen, Omeprazole, Gabapentin, and Naproxen Sodium. The treatment plan was noted to include a request for authorization for six additional sessions of acupuncture, and prescriptions for Omeprazole, Naproxen Sodium, Hydrocodone/Acetaminophen, and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, quantity: 6 sessions: 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: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration and had some subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.