

<b>Case Number:</b>	CM15-0136690		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	11/25/2014
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 47-year-old man sustained an industrial injury on 11/25/2014. The mechanism of injury is not detailed. Diagnoses include right wrist and hand sprain status post crush injury with complex laceration and amputation of the right ring finger at the distal interphalangeal joint. Treatment has included oral medications and physical therapy. Physician notes dated 5/27/2015 show complaints of increased right hand and wrist pain rated 3/10. Recommendations include acupuncture, functional capacity evaluation, and follow up in five weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve acupuncture evaluation and treatment sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The claimant sustained a crush injury to his right hand in November 2014 and sustained an amputation of the fourth finger distal to the DIP joint. He continues to be treated for right wrist and hand pain. When seen, there was tenderness with decreased

range of motion. Authorization for acupuncture treatments was requested. A functional capacity evaluation was requested. Work restrictions were continued and the claimant continued at temporary partial disability. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented with a frequency of 1 to 3 times per week and optimum duration of 1 to 2 months. In this case, the number of initial treatments requested is in excess of guideline recommendations. The requested acupuncture treatments were not medically necessary.

**One functional capacity evaluation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, p64.

**Decision rationale:** The claimant sustained a crush injury to his right hand in November 2014 and sustained an amputation of the fourth finger distal to the DIP joint. He continues to be treated for right wrist and hand pain. When seen, there was tenderness with decreased range of motion. Authorization for acupuncture treatments was requested. A functional capacity evaluation was requested. Work restrictions were continued and the claimant continued at temporary partial disability. A Functional Capacity Evaluation is an option for select patients with chronic pain if the information might be helpful in objectifying worker capability with regard to either specific job or general job requirements. In this case, although additional treatment is being requested, the claimant was approaching maximum medical improvement and was working with restrictions. Obtaining a Functional Capacity Evaluation to determine the need for ongoing work restrictions, if any, was medically necessary.