

Case Number:	CM15-0149626		
Date Assigned:	08/12/2015	Date of Injury:	02/13/2015
Decision Date:	09/10/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/02/2015

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 65 year-old female who sustained an industrial injury on 02-13-15. She reported burn and pain to her left hand. The injured worker's diagnoses include 2nd degree burn-left hand, burn, any degree less than 10% body, and contusion-tendonitis of left hand. Diagnostic testing and treatment to date has included radiographic imaging, physical therapy, wrist brace, and anti-inflammatory medication. Currently, the injured worker complains of constant, moderate to severe pain in her left wrist, left hand, and fingers of her left hand with associated numbness and tingling. Pain is rated as an 8 on a 0 to 10 pain scale, and she has sleep disturbances with stress due to the pain. In a progress note dated 07-07-15, the treating physician reports the injured worker has tenderness to palpation with associated myospasms in the fingers of her left hand. There is limited range of motion with inability to make a fist with her left hand. Current diagnosis is contusion and burn of the dorsum of the left wrist and hand with residual pain and stiffness. Requested treatments include acupuncture, left wrist-hand, 2 times wkly for 4 wks, 8 sessions. The injured worker is under modified work. Date of Utilization Review: 07-21-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, Left Wrist/ Hand, 2 times wkly for 4 wks, 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care (physical therapy, oral medication, work modifications and self care, amongst others) an acupuncture trial for pain management would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3 to 6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the primary care physician requested an initial 8 acupuncture sessions, which is exceeding the number recommended by the guidelines without any extenuating circumstances documented, the request is seen as excessive, and is not medically necessary.