

Case Number:	CM15-0161713		
Date Assigned:	08/27/2015	Date of Injury:	08/19/2014
Decision Date:	09/30/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/17/2015

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:

This 45 year old woman sustained an industrial injury on 8-19-2014. The mechanism of injury is not detailed. Evaluations include right hand and thumb MRI. Diagnoses include right wrist pain and right hand and thumb sprain. Treatment has included oral medications. Physician notes on a PR-2 dated 7-9-2015 show complaints of right wrist pain rated 6 out of 10 with radiation to the right arm with weakness and right thumb pain rated 6 out of 10 with radiation to the right hand with weakness, numbness, and tingling. Recommendations include Tylenol ES, urine drug screen, acupuncture, electromyogram and nerve conduction studies of the bilateral upper extremities, and functional capacity evaluation. Six acupuncture visits were approved as a trial on 7/29/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 6 weeks for the right hand and thumb: Upheld

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

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 trial authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial. If this is a request for an initial trial, 12 visits exceeds the recommended guidelines for an initial trial. Therefore further acupuncture is not medically necessary.