

Case Number:	CM15-0164515		
Date Assigned:	09/01/2015	Date of Injury:	08/03/2012
Decision Date:	10/05/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/21/2015

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 61 year old female, who sustained an industrial injury on 8-3-2012. The mechanism of injury was a repetitive work injury. The injured worker was diagnosed as having bilateral CMC joint arthroplasty and right thumb basal joint arthroplasty. There is no record of a recent diagnostic study. Treatment to date has included 36 post-operative physical therapy visits, 18 acupuncture visits and medication management. In a progress note dated 7-8-2015, the injured worker complains of right thumb discomfort. Physical examination showed tenderness over the right carpal-metacarpal joint and right hand scar tenderness. The treating physician is requesting acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2-3/6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the provider's report dated 07-08-15 the patient is undergoing acupuncture with "relief noted". No specific functional benefits or number of acupuncture sessions completed of the previously 18 authorized, were documented. On 07-14-15, the provider requested additional acupuncture (2-3/week for 6 weeks=12 to 18 sessions). The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines could support extension of acupuncture care for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." The review of records does not revealed that all the sessions previously authorized (x18) were rendered; therefore an assessment of whether additional care is needed is unknown as the authorized care has not been completed. Secondly, no evidence of any sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. Thirdly, the request is for acupuncture x12-18, number that exceeds significantly the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture is not medically necessary.