

Case Number:	CM15-0181124		
Date Assigned:	09/22/2015	Date of Injury:	05/29/2013
Decision Date:	10/27/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/14/2015

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: 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 56 year old male, who sustained an industrial injury on 5-29-13. Medical record indicated the injured worker is undergoing treatment for right thumb trigger finger and status post right carpal tunnel release. Treatment to date has included acupuncture treatment, cortisone injection to the thumb and activity modifications. Currently on 8-10-15, the injured worker complains of left thumb locking which is unchanged from previous visit of 7-13-15. Physical exam on 8-10-15 revealed A1 pulley of right thumb which is unchanged from visit of 7-13-15. The treatment plan included a finishing acupuncture, request for additional acupuncture and Tramadol 50mg #90. On 9-1-15, utilization review non-certified additional acupuncture 2 visits a week for 3 weeks noting, she has only completed 3 of 6 sessions, prior to certifying any additional acupuncture the claimant should complete the previous authorized acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture 2 times a week for 3 weeks for bilateral wrists: Upheld Claims

Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The utilization review document of August 31, 2015 denied the treatment request for additional acupuncture, six visits directed to the patient's bilateral wrist regions citing CA MTUS acupuncture treatment guidelines. The reviewed medical records reflect six sessions of acupuncture prior to this request for additional treatment without clinical evidence that the prior six visits were completed followed by a re-evaluation. The clinical assessment that the patient was helped with prior acupuncture was insufficient given that the CA MTUS treatment guidelines require evidence of functional improvement prior to consideration of additional care. The reviewed medical records do not reflect the medical necessity for additional acupuncture treatment, six visits to the bilateral wrist region or comply with the prerequisites for additional treatment per CA MTUS acupuncture treatment guidelines. The request is not medically necessary.