

Case Number:	CM15-0181857		
Date Assigned:	09/23/2015	Date of Injury:	07/05/2011
Decision Date:	11/02/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/15/2015

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 49-year-old female who sustained an industrial injury on July 5, 2011. Diagnoses have included right thumb contracture, right thumb hypoesthesia, right thenar eminence, and chronic pain. Documented treatment includes right thumb surgical reconstruction 1-11-12; first web space cortisone injections; medication including transdermal creams for neuropathic and musculoskeletal pain, Mirtazapine, and Tramadol ER; and, she has been receiving acupuncture treatments presently approved for 8, which the physician states to be "working for this patient" and "may be a solution in lieu of occupational therapy and additional surgery." The injured worker continues to report difficulty with some activities of daily living including personal care, eating, grasping, lifting, driving, and sleeping. She is unable to reach her back due to pain which has "remained the same" per the 8-13-15 note. Pain ratings and subjective examination was not detailed in the provided medical records. The treating physician's plan of care includes 12 additional acupuncture treatments for the right thumb, which was denied on 9-4-15. She is presently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture for the right thumb, twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

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 of unknown quantity and duration and had subjective benefits of pain reduction. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.