

Case Number:	CM15-0183302		
Date Assigned:	09/24/2015	Date of Injury:	03/28/2010
Decision Date:	11/06/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/17/2015

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:

The injured worker is a 47 year old female, who sustained an industrial injury on 3-28-10. The injured worker is undergoing treatment for tendonitis. Medical records dated 8-27-15 indicate the injured worker complains of right hand pain. The treating physician indicates, "acupuncture has diminished the pain." An exam dated 4-28-15 indicates "acupuncture has helped more than any other treatment," and physical exam notes "no tenderness to palpation." Physical exam dated 8-27-15 notes in acute distress, swelling at the right wrist with tenderness to palpation. Treatment to date has included acupuncture and medication. The original utilization review dated 9-4-15 indicates the request for acupuncture 2 X 3 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a month for 3 months: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The Acupuncture Treatment guidelines states that acupuncture may be extended with documentation of functional improvement. The patient complained of right hand

pain. According to the acupuncture provider, the patient completed 8 acupuncture sessions. The patient reported improvement in activities in and outside of the house, improved energy, sleep, and less depression. In addition, the patient's work tolerance increased from 2 hours to 6-8 hours. The patient reported to have full range of motion in the right wrist, elbow, and shoulder. Based on the reported improvement, additional acupuncture appears to be warranted at this time. Therefore, the provider's request for 6 acupuncture sessions is medically necessary at this time.