

Case Number:	CM15-0184942		
Date Assigned:	09/25/2015	Date of Injury:	09/10/2013
Decision Date:	11/10/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/21/2015

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 50 year old male, who sustained an industrial injury on 9-10-2013. Medical records indicate the worker is undergoing treatment for left upper extremity blunt trauma-crush injury with left radius and wrist fracture, left median and ulnar neuropathy and status post left wrist surgeries. A recent progress report dated 8-13-2015, reported the injured worker complained of left wrist pain, left hand weakness, left elbow shooting pain and finger numbness. Physical examination revealed difficulty grasping and lifting and sleep disturbance. Left hand x rays from 3-18-2015 showed left hand degenerative changes and probable post traumatic changes. Treatment to date has included left wrist surgeries, possible past acupuncture (unknown number of visits and effectiveness), physical therapy and medication management. The physician is requesting 12 additional acupuncture visits for the left upper extremity. On 9-8-2015, the Utilization Review noncertified the request for 12 acupuncture visits for the left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 acupuncture visits for the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. Given the patient continued symptomatic despite previous care (physical therapy, oral medication, work modifications and self care amongst others) an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the provider requested initially 12 sessions, which is significantly more than the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive, therefore is not medical necessity.