

Case Number:	CM15-0188496		
Date Assigned:	09/30/2015	Date of Injury:	11/22/2014
Decision Date:	11/10/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/24/2015

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:

This is a 38 year old female who sustained a work-related injury on 11-22-14. Medical record documentation on 9-1-15 revealed the injured worker was being treated for right hand contusion, right hand sprain-strain, right upper extremity neuropathy, and mild carpal tunnel syndrome. She reported persistent right hand pain which she rated a 7 on a 10-point scale. She reported the pain radiations to the wrist, forearm, elbow, arm, shoulder and upper back with associated numbness, tingling, pulsating and burning. Objective findings included no instability of the right wrist and hand. She had tenderness to palpation with spasms of the extensors of the right forearm and limited range of motion secondary to pain. She had tenderness to palpation of the right metacarpophalangeal joint of the thumb and the metacarpophalangeal joint, proximal interphalangeal joint, and distal interphalangeal joint of the right 5th digit. Documentation reveals previous acupuncture therapy had helped decrease her pain (5-11-15). A request for acupuncture for four sessions for the diagnosis of right hand sprain-strain was received on 9-10-15. On 9-17-15 the Utilization Review physician determined acupuncture for four sessions for the diagnosis of right hand sprain-strain was not medically necessary. Per a acupuncture note dated 3/25/15, 5/6/15 and 7/1/15, the claimant had decrease of pain and tenderness and increase of ability to drive, feed oneself, and decrease dependency on other therapies.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 sessions of Acupuncture, one time a week for four 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. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Furthermore, the improvement noted each time is the same and there is no change in work status. Therefore further acupuncture is not medically necessary.