

Case Number:	CM15-0190641		
Date Assigned:	10/02/2015	Date of Injury:	10/03/2013
Decision Date:	11/13/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/28/2015

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, Montana

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 40-year-old female who sustained an industrial injury on 10-3-13. The medical records indicate that the injured worker is being treated for right hand-wrist overuse syndrome; aggravation of underlying right wrist tenosynovitis; status post open reduction internal fixation of right ulnar with 2+ negative ulnar variance (12-2012); flexor tenosynovitis with triggering of the right middle finger; status post right middle finger trigger release (7-2-15). She currently (9-8-15) has severe right middle finger pain with numbness and tightness and with a pain level of 5-6 out of 10. Her pain level was 5-6 pre-operatively on 6-5-15. The physical exam of the middle finger revealed crepitus, catching, mild thickening. She has completed 8 sessions of physical therapy. The 9-2-15 physical therapy note indicates that the injured worker has had 11 sessions and has demonstrated improved active range of motion of the right hand, improved muscle strength but still limited with range of motion leading to deficits in activities of daily living and work function involving fine motor activities and gripping. She was prescribed Norco on 7-29-15 and advised to take Motrin. There was no prior acupuncture documentation present. The request for authorization dated 9-9-15 was for acupuncture 2 times 3 for the right middle finger. On 9-14-15 Utilization Review non-certified, the request for acupuncture 2 times a week for 3 weeks for the right middle finger.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 3 weeks for the Right Middle Finger: Upheld

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

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods, and Acupuncture Treatment 2007.

Decision rationale: Provider requested initial trial of 6 acupuncture sessions which were non-certified by the utilization review. Acupuncture is used as an option when pain medication is reduced or not tolerated, which was not documented in the provided medical records. Patient had trigger finger release surgery on 07-02-15 and continues to have pain and stiffness. She currently (9-8-15) has severe right middle finger pain with numbness and tightness and with a pain level of 5-6 out of 10. Her pain level was 5-6 pre-operatively on 6-5-15. The physical exam of the middle finger revealed crepitus, catching, mild thickening. Per MTUS guidelines Chapter 11, page 265 "Most invasive techniques, such as needle acupuncture, have insufficient high quality evidence to support their use." Per guidelines and review of evidence, 6 Acupuncture visits are not medically necessary.