

Case Number:	CM15-0200171		
Date Assigned:	10/15/2015	Date of Injury:	11/18/2014
Decision Date:	11/25/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/12/2015

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 24 year old female, who sustained an industrial injury on 11-18-14. The injured worker was diagnosed as having TFCC tear wrist; right wrist sprain; contusion of unspecified site. Treatment to date has included occupational therapy; acupuncture; cortisone injections right wrist; medications. Diagnostics studies included MRI right wrist (2-11-15). Currently, the PR-2 notes dated 9-4-15 indicated the injured worker has a right triangular fibrocartilage tear (TFCC) with wrist discomfort and persistent right trapezius area and neck discomfort. She has had occupational therapy and steroid injection of the ulnar aspect of the carpal bones by a hand surgeon. She has had ergonomic evaluation and needs alteration of her work station the provider notes. On physical examination, the provider notes "tender to palpation of the right wrist ulnar aspect with pressure on the triquetrum, tender to palpation of the right thumb extensor tendon and thenar muscle." A MRI of the right wrist dated 2-11-15 impression reveals "Avulsion of the central portion of the triangular fibrocartilage from the radial attachment with displacement in the ulnar direction creating a nearly 5mm gap." The provider's treatment plan includes a request for 6 additional acupuncture visits. Hand Therapy notes for all 6 visits were submitted with medical documentation. Injured worker attended all 6 visits and instructed to speak with hand surgeon again. Documentation indicates "Patient has completed her authorized visits. Impairments found: Decreased range of motion, weakness, and pain especially with pronation, tingling, numbness on ulnar wrist-hand. Hard to use digit 3, 4, 5 dorsal hand pain, clicking in elbow, wrist. Functional limitations: decrease use of right upper extremity with assistance needed for simple tasks. Avoid use of right upper extremity at times, can't wash face, can't use knife, or open jars, pain with typing, with driving, steering." A request

for Authorization is dated 10-12-15. A Utilization Review letter is dated 9-18-15 and non-certification for Acupuncture for the right wrist-6 additional visits. A request for authorization has been received for Acupuncture for the right wrist-6 additional visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the right wrist-6 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. On 07-24-15 the provider requested six acupuncture sessions (approved on 07-31-15). No documentation of any significant, objective functional improvement (quantifiable response to treatment) obtained with such care was provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore, based on the lack of documentation demonstrating medication intake reduction, work restrictions reduction, activities of daily living improvement or reporting any extraordinary circumstances to override the guidelines recommendations, the additional acupuncture x 6 fails to meet the criteria for medical necessity.