

Case Number:	CM15-0203297		
Date Assigned:	10/20/2015	Date of Injury:	10/02/2014
Decision Date:	12/04/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/15/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 38-year-old who has filed a claim for chronic wrist and hand pain reportedly associated with an industrial injury of October 2, 2014. In a Utilization Review report dated September 23, 2015, the claims administrator failed to approve request for 12 sessions of acupuncture. An RFA form received on September 15, 2015 was referenced in the determination along with an associated progress note of the same date. The claims administrator did not seemingly state whether the applicant had or had not had prior acupuncture. The applicant's attorney subsequently appealed. On October 20, 2015, the applicant reported ongoing complaints of wrist and hand pain. Work restrictions were endorsed. 12 sessions of occupational therapy was sought. On September 11, 2015, over-the-counter Motrin was endorsed. On July 13, 2015, the applicant reported ongoing complaints of hand and wrist pain. It was stated the applicant was not working, and had not worked since November 10, 2014. The applicant had been off of work for nine months. A 12-session course of acupuncture was sought. It was suggested that the request represented a first-time request for acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for acupuncture 2 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: No, the request for 12 sessions of acupuncture was not medically necessary, medically appropriate, or indicated here. The Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1a acknowledged that acupuncture can be employed for a wide variety of purposes, including the chronic pain context present here. This recommendation is however, qualified by commentary made in MTUS 9792.24.1c1 to the effect that the time deemed necessary to produce functional improvement following introduction of acupuncture is three to six treatments. Here, thus, the request for 12 initial acupuncture treatments represented treatment at a rate of two to four times MTUS parameters. The attending provider failed to furnish a clear or compelling rationale for such a lengthy, protracted initial course of acupuncture. Therefore, the request was not medically necessary.