

Case Number:	CM15-0205105		
Date Assigned:	10/22/2015	Date of Injury:	11/27/2012
Decision Date:	12/03/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/19/2015

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 25 year old, who sustained an industrial injury on 11-27-2012. The injured worker is undergoing treatment for right wrist pain and long term use of opiate analgesics. Medical records dated 10-6-2015 indicate the injured worker complains of right wrist pain. The treating physician indicates the injured worker is not working and that acupuncture has not been used in the past. Physical exam dated 10-6-2015 notes right wrist and hand sensation intact with tenderness to palpation. Treatment to date has included electromyogram, left carpal tunnel release, physical therapy, labs and medication. The original utilization review dated 10-19-2015 indicates the request for acupuncture 2 times a week for 3 weeks for the right wrist/hand is non-certified.

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 wrist/hand: Overturned

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

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 (temporary disable, taking Motrin, with activities of daily living reduced due to pain, etc), 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 6 sessions, which is within the number recommended by the guidelines criteria, the request is medically necessary.