MAXIMUS Federal Services

Case Number:	CM15-0022765		
Date Assigned:	02/12/2015	Date of Injury:	04/17/2014
Decision Date:	03/30/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/05/2015

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:

The injured worker is a 45 year old male who sustained an industrial injury on April 17, 2014. He has reported left thumb pain and has been diagnosed with status post left wrist fracture and laceration and status post left wrist surgery. Treatment has included medication, acupuncture, and chiropractic care. Per a PR-2 dated 12/30/2014, the claimant continues to complain of constant left thumb pain. Currently the injured worker had flexion at 60 degrees, extension at 50 degrees, radial deviation at 15 degrees and ulnar deviation at 25 degrees. The treatment plan included an authorization for a hand specialist and a home exercise program. He is working with restrictions. On January 8, 2015 Utilization Review non certified acupuncture 8 sessions citing the MTUS guidelines. Per a PR-2 dated 7/29/2014, the claimant states that acupuncture and therapy help decrease his pain temporarily and he is able to do more activities of daily living. Per a Pr-2 dated 8/11/14, the acupuncturist states that after each treatment there is improvement with decrease in work restriction, increased ability to drive, sleep, daily activities. Per a report dated 1/7/2015, the provider states that the claimant does not seem to be responding to traditional or conventional chiropractic and physical therapy treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 8 sessions (2 times 4) for the left hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

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. Therefore further acupuncture is not medically necessary.