

Case Number:	CM15-0035516		
Date Assigned:	03/04/2015	Date of Injury:	12/03/2010
Decision Date:	04/14/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/25/2015

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 year old male who sustained a work related injury on December 3, 2010, incurring shoulder, arm and hand injuries. She was diagnoses with left thumb joint osteoarthritis, left carpal tunnel, right and left index trigger fingers and right shoulder pain with rotator cuff tear. Treatments included acupuncture, physical therapy, paraffin, splinting, pain medications and steroid injections. She underwent carpal tunnel surgeries, and a rotator cuff tear repair. Currently, the injured worker complained of right and left wrist pain, right and left hand pain and finger pain with stiffness. On February 18, 2015, a request for Acupuncture for 6 sessions was non-certified by Utilization Review, noting California Medical Treatment Utilization Schedule Guidelines and Acupuncture Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guideline states that acupuncture may be extended with documentation of functional improvement. Records indicate that the patient had prior acupuncture care. According to the progress report dated 10/1/2014, the provider noted that the patient had improved 30% with 8 visit course. It was noted that the right and left index was still triggering. There was no documentation of functional improvement with prior acupuncture care. Therefore, the provider's request for 6 acupuncture session is not medically necessary at this time.