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| Case Number: | CM15-0036251 | | |
| Date Assigned: | 03/04/2015 | Date of Injury: | 06/21/2012 |
| Decision Date: | 04/16/2015 | UR Denial Date: | 02/12/2015 |
| Priority: | Standard | Application Received: | 02/26/2015 |

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

This 39 year old male sustained an industrial injury on 6/21/12. He subsequently reports ongoing back, right shoulder and right wrist pain. Diagnoses include right carpal sprain and strain, right wrist internal derangement and right wrist neuralgia. An MRI of the right wrist was taken on 1/7/14. Treatments to date have included prescription pain medications. On 2/12/15, Utilization Review non-certified a request for Acupuncture 1x wk x 6wks right hand and right wrist. The request for Acupuncture 1x wk x 6wks right hand and right wrist was denied based on MTUS Acupuncture Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1x wk x 6wks right hand and right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Guidelines recommend the use of acupuncture when pain medication is not tolerated or can be reduced with this treatment. It can also be used alongside

rehabilitation and/or surgery to speed recovery. Some accepted goals include a decreased pain level, improved nausea caused by pain medications, increased range of joint motion, improved relaxation with anxiety, and reduced muscle spasms. Acupuncture treatment can include the use of electrical stimulation. Functional improvement is expected within three to six treatments. The Guidelines support having acupuncture treatments one to three times per week for up to one to two months. The submitted and reviewed documentation indicated the worker was experiencing right hand pain and right wrist pain with numbness. There was no discussion suggesting an issue with pain medication, indicating the worker would have rehabilitation alongside this therapy, suggesting the goals of this treatment, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for weekly acupuncture for right hand and wrist symptoms for six weeks is not medically necessary.