

Case Number:	CM15-0039934		
Date Assigned:	03/10/2015	Date of Injury:	11/23/2012
Decision Date:	05/05/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/03/2015

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:

This 59 year old female sustained an industrial injury to the right wrist and thumb on 11/23/12. Previous treatment included physical therapy, acupuncture, smart glove and medications. In a Pr-2 dated 1/15/15, the injured worker complained of pain to the right wrist and thumb rated 0-7/10 on the visual analog scale. Physical exam was remarkable for right wrist with mild tenderness to palpation with positive Finkelstein's test, mildly positive first CMC grind test and unrestricted range of motion to the wrist and thumb. Current diagnoses included right wrist pain, right hand pain, right thumb carpometacarpal joint arthritis and right wrist de Quervain's stenosis tenosynovitis. The treatment plan included acupuncture twice a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x4 weeks right: Upheld

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

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. According to the progress reported 8/14/14, the provider reported that the patient received acupuncture in the past and it was reported to be very effective. However, there was no documentation of functional improvement from prior acupuncture sessions. Therefore, the provider's request for 8 acupuncture sessions is not medically necessary at this time.