

Case Number:	CM15-0045911		
Date Assigned:	03/18/2015	Date of Injury:	03/07/2011
Decision Date:	04/23/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/11/2015

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 54-year-old woman sustained an industrial injury on 3/7/2011. The mechanism of injury is not detailed. Diagnosis is left hand strain status post left carpometacarpal joint arthroplasty. Treatment has included oral medications, acupuncture, and surgical intervention. Physician notes on a PR-2 dated 2/26/2015 show complaint of severe pain at the carpometacarpal joint following left carpometacarpal joint arthroplasty and subsequent post-operative cellulitis. Recommendations include six sessions of acupuncture, anti-inflammatory markers, anti-inflammatory diet, anti-inflammatory medications, continue use of heat, ice, and E-stim, and aerobic exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x week x 3 weeks, left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guideline states acupuncture may be extended with documentation of functional improvement. The patient had acupuncture sessions in the past. It was noted that with acupuncture, the patient experienced decrease pain and was doing slightly better overall. In addition, it was noted that the patient was able to hold her dog with less pain. There was no objective, quantifiable documentation regarding functional improvement. Therefore, the provider's request for 6 acupuncture sessions to the left wrist is not medically necessary at this time.