

Case Number:	CM14-0115752		
Date Assigned:	09/23/2014	Date of Injury:	01/06/2014
Decision Date:	10/22/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/23/2014

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 47 yr. old male claimant sustained a work injury on 1/6/14 involving the right hand. He was diagnosed with a right wrist strain and right thumb contracture. A progress note on 6/14/14 indicated the right wrist was tender to touch. The treating physician requested 12 sessions of acupuncture. A progress note on 9/4/14 indicated the right wrist and thumb were tender to touch. There was numbness in the right thumb. The treating physician requested 12 sessions of acupuncture and a follow-up with orthopedics for possible need for surgical release of trigger thumb. He was previously given a steroid injection by ortho in April 2014 and informed if the symptoms persist, then surgery may be necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 12 to right 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 the guidelines, Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Frequency and duration of

acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week (3) Optimum duration: 1 to 2 months. In this case, there was a prior request for 12 sessions of acupuncture. There was no indication of the amount completed and functional response. In addition, 12 sessions exceeds the amount recommended in the guidelines. The request for 12 sessions of acupuncture is not medically necessary.

Follow-up with MD: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Follow-up visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office visits

Decision rationale: According to the ODG guidelines, office visits are recommended as medically appropriate. In this case, the claimant had been seeing orthopedics for wrist pain and received injection. Possible need for surgery was mentioned if symptoms persisted. Since it has been 3 months since the prior visit, a follow-up with orthopedics is appropriate and medically necessary prior to potential surgical intervention.