

Case Number:	CM14-0115852		
Date Assigned:	09/16/2014	Date of Injury:	08/30/2011
Decision Date:	10/24/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/24/2014

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 Chiropractic and Acupuncture, 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 injured worker is a 61 year old male who reported right hand pain from injury sustained on 08/30/11 while working as a welder. He was moving plates with his right hand and developed pain in the right thumb. There were no diagnostic imaging reports. Patient is diagnosed with right thumb degenerative joint disease, right knee pain and lumbar sprain/strain. Patient has been treated with medication, occupational therapy and extensive acupuncture. Medical notes were handwritten and moderately illegible. Per medical notes dated 04/24/14, patient reports ongoing acupuncture is helping pain level; he still complains of some intermittent pain in the knees. Per acupuncture notes dated 05/01/14, patient complains of right thumb, right knee and low back pain with tenderness to palpation and decreased range of motion. Per acupuncture progress notes dated 05/27/14, patient complains of right thumb pain, right knee pain and low back pain with decreased range of motion with tenderness to palpation. The patient has had 34 acupuncture visits and the provider is requesting additional 12 treatments for right fingers. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the right fingers 12 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Acupuncture

Decision rationale: Per the MTUS Acupuncture Medical treatment Guidelines, "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented." The patient has had prior acupuncture treatment. Per medical notes, patient has had 34 acupuncture treatments. Per the acupuncture progress notes dated 05/27/14, patient complains of right thumb pain, right knee pain and low back pain; examination revealed tenderness to palpation with decreased range of motion. There is a lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per the MTUS guidelines, functional improvement means either clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Additionally, the Official Disability Guidelines do not recommend acupuncture for hand pain. Furthermore, the requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, additional 12 acupuncture treatments for right fingers are not medically necessary.