

Case Number:	CM14-0138212		
Date Assigned:	09/05/2014	Date of Injury:	06/25/2013
Decision Date:	10/29/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/26/2014

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 Occupational Medicine 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:

Injured worker is a female with date of injury 6/25/2013. Per physical medicine and rehabilitation new patient consultation, the injured worker complains of left wrist and upper extremity pain. Her pain is located at the base of the thumb, all around the thumb, and wrist. Her elbow has been doing okay. She states that whenever she uses the wrist, she has problems. She cannot put any pressure around the wrist. She cannot turn over the wrist. Left elbow has been doing better but she is not able to rest the elbow on anything. She rates intensity of pain at 6/10 right now, but it can be a lot worse other times. She has difficulty sleeping at nighttime. She typically wakes up 3 to 4 times at night due to pain. On examination, grip strength shows 2, 2, 2 kilograms on the left side, and 32, 30, 30 kilograms on the right side. She had palpatory tenderness all around the base of the thumb. Grind test was positive at the base of the thumb but CMC and interphalangeal joints were normal. She had full range of motion of elbow, wrist, thumb, and fingers. Pinching strength, grip strength, and finger to finger touch were weak. Mild atrophy at the thenar area is noted. Well-healed scars over the anterior wrist and first dorsal compartment are noted. Deep tendon reflexes were brisk and symmetric. Motor and sensory exams were normal. Gait was normal for heel, toe and tandem walk. Balance was normal. Diagnoses include 1) chronic left wrist and thumb pain 2) status post left ulnar nerve release on 12/30/2013 3) status post left thumb surgery on 3/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x3 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Guidelines recommend the use of acupuncture in the treatment of chronic pain to improve function. The recommended time to produce functional improvement is 3 to 6 sessions at a frequency of 1 to 3 times per week over 1 to 2 months. Additional treatments may be necessary if there is documented functional improvement as a result to the trial of 3 to 6 sessions. This was a request from the primary treating physician for acupuncture 2x4 weeks which was modified by the claims administrator, authorizing acupuncture 2x3 weeks. The requesting physician reports that the injured worker has not tried acupuncture and is interested in trying it. This request is in excess of the number of sessions that the MTUS Guidelines recommend as a trial. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for Acupuncture 2x4 weeks is determined to not be medically necessary.