

Case Number:	CM14-0142578		
Date Assigned:	09/10/2014	Date of Injury:	01/06/2014
Decision Date:	10/10/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	09/03/2014

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 male with date of injury 1/5/2014. Per the primary treating physician's progress report dated 7/24/2014, the injured worker continues to complain of pain and numbness to his right thumb and right wrist. On examination he has a right wrist and thumb brace. There is tenderness to palpation to the right thumb and right wrist with decreased range of motion. Diagnoses include 1) derangement or right hand and wrist 2) hand sprain/strain with right thumb contractures 3) sprain/strain of right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Treatment 2 times 6: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture 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. Per the claims administrator, the injured worker has had six sessions of

acupuncture previously. This request is not accompanied by a report of efficacy from the acupuncture trial. Medical necessity for additional acupuncture has not been established. The request for Acupuncture Treatment 2 times 6 is not medically necessary.

Ortho follow-up: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, & Hand (updated 02/18/14), Office visits and ACOEM guidelines, Chapter 7, page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78, 79, 90.

Decision rationale: The requesting physician explains that the follow up with orthopedic surgeon is for pain recommendation of surgical release of the right trigger thumb. Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. The request for Ortho follow-up is medically necessary.