

<b>Case Number:</b>	CM14-0183249		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	11/26/2013
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 licensed in Chiropractic care, has a subspecialty in Acupuncture care 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 patient is a 20-year-old male with a date of injury of 11/26/2013. According to the progress report dated 10/10/2014, the patient complained of random sharp pain in the right index finger. The pain was increased when pressure is applied to the digits. There was occasional tingling in the right index finger. Significant objective findings include negative Tinel's sign, no response to carpal compression test, no response to scratch test, swan-neck deformity of the right index finger, and swelling of the proximal distal interphalangeal joint. The patient was diagnosed with crush injury of the right index finger, swan neck deformity of the right index finger, and laceration of the right index finger.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture one time per week for six weeks for the right hand:** 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 that acupuncture may be extended if there is documentation of functional improvement. The reports indicated that the patient was receiving acupuncture care. However, there was no documentation of functional

improvement from the acupuncture sessions. Therefore, the provider's request for 6 additional acupuncture sessions to the right hand is not medically necessary.