

Case Number:	CM14-0144672		
Date Assigned:	09/12/2014	Date of Injury:	11/23/2012
Decision Date:	01/15/2015	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/07/2014

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 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:

This is a 54 year old female that was injured while carrying a case filled with files and papers down the stairs. Her arms gave in and when she grabbed the box, she pulled her right thumb causing pain from her thumb to her shoulder. The date of injury was November 23, 2012. Diagnoses include sprain/strain right wrist/hand unspecified and sprain/strain right finger. Radiology results were noted as normal. In progress report dated August 14, 2014, she complained of right wrist and right hand pain. The pain was described as throbbing, shooting, sharp, severe, radiating and aching. She felt a grinding feeling in her wrist. The pain is more severe when active but is also there with rest. The injured worker had mild tenderness to palpation over the right wrist with a positive Finkelstein's test and mildly positive first CMC grind test. Grip strength of the right hand in three successive trials was noted as 40-45-40 pounds. Range of motion of right wrist and thumb was described as unrestricted. Treatment modalities listed were medications, acupuncture and physical therapy. The injured worker stated the acupuncture was very helpful to her. Although a referral to physical therapy was mentioned in evaluation dated June 3, 2014, the medical record was lacking any additional information. A request was made for 8 visits of acupuncture for the right wrist. On August 23, 2014, utilization review denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture twice weekly for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In his report dated 08-14-14, the primary care physician described the patients complains as severe, throbbing pain (despite acupuncture care). In the same report, no functional-sensory-motor deficits were described that would be addressed by the acupuncture request. The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." After an unknown number of prior acupuncture sessions (reported as beneficial), no evidence of any sustained, significant, subjective-objective functional improvement obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition the request is for acupuncture x8, number that exceeds the guidelines without a medical reasoning to support such request. Therefore, the requested additional acupuncture is not supported for medical necessity.