

Case Number:	CM14-0214548		
Date Assigned:	01/07/2015	Date of Injury:	12/18/2013
Decision Date:	02/28/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 40 year old male who reported right hand, index finger pain from injury sustained on 12/18/13. He injured his right hand while closing the trailer door, a spring with a cable broke striking his right hand. There were no diagnostic imaging reports. Patient is diagnosed with contusion/sprain of right index finger, rule out internal derangement; healed laceration, right index finger. Patient has been treated with medication, physical therapy, and occupational therapy. Per medical notes dated 02/14/14, patient complains of constant pain and stiffness to his right index finger and long fingers. Examination of right hand revealed tenderness to palpation over the index finger. Range of motion of the index finger is limited as well as the grip strength on the right compared to the left. Per utilization review, medical notes dated 09/23/14, patient is post open traumatic wound for a proximal phalangeal fracture, radial digital nerve injury with secondary joint contracture of the right index finger with noted motion deficits. There is mild radial deviation deformity of the fracture. Provider requested initial trial of 12 acupuncture treatments which were modified to 6 by the utilization review on 12/11/14. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture twice a week for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has not had prior Acupuncture treatment. Provider requested initial trial of 12 acupuncture treatments which were modified to 6 by the utilization review on 12/11/14. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS-Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.