

<b>Case Number:</b>	CM15-0007043		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	10/30/2012
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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 27 year old male with an industrial injury dated 10/29/2012. The mechanism of injury is documented as occurring while he was fixing a machine at work when he accidentally turned on the machine and the machine pulled his right hand into the machine. He presents on 11/25/2014 with complaints of frequent, moderate, dull, achy right thumb pain, along with stiffness, heaviness, numbness, tingling and weakness. Physical exam revealed very sensitive thumb on both the radial and ulnar aspects of the digit. The pain is rated 9/10. Range of motion is limited. Diagnoses were right thumb crush injury and failed right thumb digital nerve transection. Prior treatment included diagnostics, surgery, physical therapy and medications. On 12/23/2014 the request for acupuncture 2 times a week for 6 weeks to right thumb was modified to acupuncture 6 visits over 3-4 weeks for the right thumb. MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 Times A Week for 6 Weeks to The Right Thumb:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines Page 8-9. Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. Patient has not had prior Acupuncture treatment. Provider is requesting initial trial of 12 acupuncture treatments which were modified to 6 acupuncture sessions over 3-4 weeks by the utilization reviewer. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Additional visits may be rendered if the patient has documented objective functional improvement. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.