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| Case Number: | CM15-0012636 | | |
| Date Assigned: | 01/30/2015 | Date of Injury: | 04/28/2014 |
| Decision Date: | 03/23/2015 | UR Denial Date: | 01/10/2015 |
| Priority: | Standard | Application Received: | 01/21/2015 |

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 50 year old female, who sustained a work related injury on 4/28/14. Mechanism of injury was not documented in the provided medical records. The diagnoses have included right de Quervain's tenosynovitis. Treatments to date have included MRI right hand, Voltaren gel, physical therapy, modified work duty and 12 acupuncture treatments. Per medical notes dated 12/10/14, patient complains of persistent pain of the right wrist at first compartment. Examination revealed decreased grip strength on the right side; tenderness to palpation over the first compartment and some mild tenderness proximally and also adjacent to the first compartment. In the PR-2 dated 1/7/15, the injured worker complains of intermittent pain in right wrist. She rates the pain a 5/10. Patient reports persistent pain of the right wrist which is worse than before as the patient has stopped receiving acupuncture approximately 1 month ago. On 1/10/15, Utilization Review non-certified a request for continued acupuncture, 2 x per week for 3 weeks. The California MTUS, Acupuncture Medical Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued acupuncture, 2 x week for 3 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 had prior acupuncture treatment. Provider requested additional 6 acupuncture sessions which were non-certified by the utilization review. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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 or decrease in medication intake. Per review of evidence and guidelines, 6 acupuncture treatments are not medically necessary.