

Case Number:	CM15-0013832		
Date Assigned:	02/02/2015	Date of Injury:	04/10/1997
Decision Date:	03/19/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/23/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 69 year old male, who sustained an industrial injury on April 10, 1997. The diagnoses have included tricompartment osteoarthritis of knees and hand pain. A progress note dated July 3, 2014 notes 6 visits of acupuncture with 12.5% increase in function. The claimant had completed over 12 sessions between May and September 2015. Progress note dated December 9, 2014 provides the injured worker has responded well to paraffin bath. He has stiffness and soreness in the hands. On December 30, 2014 utilization review non-certified a request for acupuncture for the bilateral hands; 6 sessions and paraffin bath. The Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated January 20, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the bilateral hands; 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the guidelines: "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It takes 3-6 treatments to see improvement and frequency is 1-3 times per week for 1-2 months. In this case, the claimant received over 2 months and 12 sessions of acupuncture. Based on the guidelines, additional treatment would exceed that recommended by the guidelines and is not medically necessary.

Paraffin bath: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, wrist & hand

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hands and Paraffin Wax

Decision rationale: According to the guidelines Paraffin wax is recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). In this case, there is no mention of exercise or arthritis in the hand. As a result, the request for Paraffin is not medically necessary.