

Case Number:	CM15-0113242		
Date Assigned:	06/19/2015	Date of Injury:	04/17/2013
Decision Date:	07/21/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/11/2015

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 61 year old male, who sustained an industrial injury on 4/17/13. He reported initial complaints of left wrist injury. The injured worker was diagnosed as having chronic left wrist/base of thumb. Treatment to date has included right shoulder surgery (2008); left wrist ganglion cyst removal (no date/no report). Currently, the PR-2 notes dated 4/6/15 indicated the injured worker complains of persistent right shoulder and left wrist pain. The provider documents an EMG/NCV of the left hand has been denied. He continues to do well with over-the-counter Tylenol and Motrin. He continues to have significant pain to the right shoulder. He has surgery back in 2008 and worried about further deterioration. Medications listed by the provider are: over-the-counter medications, macin, fish oil and vitamins. On physical examination the provider documents the injured worker has full range of motion at the right shoulder with reproducible pain, increased tenderness at the AC joint and over the lateral proximal right upper extremity. He has a diagnosis of chronic left wrist and base of thumb pain, likely osteoarthritis of the MC joint is noted. He also notes the right shoulder pain; status post-surgical repair in 2008. On this date, his treatment plan included a request for a right shoulder MRI to rule out internal derangement and refer to an orthopedic specialist. The PR-2 note dated 2/23/15 indicated the injured worker had left wrist surgery to remove a ganglion cyst. He has had no physical therapy or any other treatments following the surgery. In October of last year (2014), the injured worker feels he aggravated the left wrist and has been symptomatic since. He complained of pain around the left wrist particularly at the base of his thumb. When he grips something heavy, he has increased pain and loses grip. He has no numbness or tingling in the

fingers but the pain intensity is rated at 4-5/10. He also complained of the right shoulder pain at 4/10. On this physical examination, the provider documents a well healed anterior-medial scar. He had full range of motion of the left wrist compared to the right for flexion/extension; medial/lateral deviation. The left is somewhat weaker than the right with no evidence of atrophy. Tinel's and Phalen's were negative and grinding of the carpometacarpal joint of the thumb increases with pain. The grinding of the interphalangeal joint was not painful. His right shoulder exam had full range of motion with pain. Impingement maneuvers were negative and no evidence of atrophy or laxity. The treatment plan on this date requested an EMG/NCV of the left hand for his persistent wrist pain as well as first digit and palmar pain. He also requested occupational hand therapy 2 times weeks for 4 weeks. There were no other records available to confirm this therapy had been authorized or completed. There are no diagnostic studies or surgical reports for review. The provider has requested at this time authorization of acupuncture for the left hand 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of acupuncture treatment for the left wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It is unclear whether the claimant has had prior acupuncture. If this is a request for an initial trial, twelve visits exceeds recommended guidelines. Evidenced based guidelines recommend a trial of acupuncture for chronic pain, but a request for 8 visits exceeds the recommended guidelines of six or less. If functional improvement is documented, further acupuncture may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, the provider should document functional improvement as a result of the completion of acupuncture. Also total amount completed visits should be submitted. Eight visits of acupuncture are not medically necessary.