

Case Number:	CM15-0115733		
Date Assigned:	06/24/2015	Date of Injury:	03/06/2015
Decision Date:	12/03/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/16/2015

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 21 year old female who sustained an industrial injury on 03-06-2015. Medical records indicated the worker was treated for an injury to the left wrist. In the provider notes of 05-26-2015, the injured worker complains of pain that is sharp, tingling I and burning in the left wrist. She describes the symptoms as moderately to extremely severe, occurring intermittently. Repetitive work exacerbates them. The worker denies radiation of the wrist pain. On exam, there is no deformity of the left wrist, flexor surface is non-tender. The extensor surface is tender. The CMC joint of the left thumb is non-tender and is stable. There is no crepitation of the left wrist on examination and there is full range of motion of the left wrist with 5 out of 5 muscle strength. There is no tenderness over the left anatomical snuff box. Neurologic exam is normal and intact. The worker was advised to take non-steroidal anti inflammatories and was given work restrictions and instructed to wear a wrist splint. Electromyogram, Nerve conduction velocity is pending, as is an orthopedic evaluation. Treatment has included physical therapy for at least 11 visits. A request for authorization was submitted for 6 Additional Acupuncture 2x3 for Left Wrist as an Outpatient. A utilization review decision 06-01-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Additional Acupuncture 2x3 for Left Wrist As An Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.