

Case Number:	CM15-0118199		
Date Assigned:	06/26/2015	Date of Injury:	03/23/2015
Decision Date:	07/28/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/18/2015

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: 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 56 year old female, who sustained an industrial injury on 3/23/15. The injured worker has complaints of bilateral hand pain that has caused sense of pain radiating into the radial aspect of the wrist and hand. The injured worker reports that she has tingling into all digits of bilateral hands that are equally involved. The documentation noted that there is evidence of squaring of the thumb carpometacarpal (CMC) joint. The diagnoses have included bilateral thumb carpometacarpal (CMC) joint osteoarthritis, Eaton stage IV and bilateral thumb carpometacarpal (CMC) joint impingement. Treatment to date has included right wrist carpal tunnel release; acupuncture and bilateral hand X-rays show carpometacarpal (CMC) arthritis. The request was for acupuncture 2 times a week for 6 weeks bilateral hand.

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 bilateral hand: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care (chiropractic, physical therapy, oral medication, work modifications and self care) an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the provider requested initially 12 sessions, which is significantly more than the number recommended by the guidelines without documenting any extraordinary circumstances to support it, the request is seen as excessive, therefore for the request is not medically necessary.