

Case Number:	CM15-0118381		
Date Assigned:	06/26/2015	Date of Injury:	02/26/2015
Decision Date:	07/31/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/19/2015

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:

This 21 year old male sustained an industrial injury with a laceration to the right index finger on 2/26/15. Previous treatment included hand therapy, home exercise and medications. X-ray of the right hand (3/18/15) was normal. In a PR-2 dated 5/27/15, the injured worker complained of right index finger pain rated 7/10 on the visual analog scale without medications and 4/10 with medications. The injured worker had been going to occupational therapy which was helpful. The injured worker wanted to attempt acupuncture. The injured worker was working modified duty and wanted to attempt full duty. Physical exam was remarkable for right index finger with tenderness to palpation, decreased sensation and decreased range of motion. Current diagnoses included right index finger laceration. The treatment plan included refilling medications (Tramadol and Naproxen Sodium) and acupuncture twice a week for three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture therapy for the right index finger, twice weekly for three weeks: 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 and Hand Chapter and Acupuncture Chapter.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand and wrist/ Acupuncture.

Decision rationale: Provider requested initial trial of 6 acupuncture sessions for index finger which were non-certified by the utilization review. Acupuncture is used as an option when pain medication is reduced or not tolerated which was not documented in the provided medical records. ODG guidelines do not recommend acupuncture for hand, wrist and forearm pain. Per guidelines and review of evidence, 6 Acupuncture visits are not medically necessary.