

Case Number:	CM15-0122366		
Date Assigned:	07/10/2015	Date of Injury:	10/31/2013
Decision Date:	08/06/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/24/2015

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:

This injured worker is a 42 year old female who reported an industrial injury on 10/31/2013. Her diagnoses, and or impressions, were noted to include: non-displaced right distal radius fracture; and tenosynovitis of the right hand/wrist. No current electrodiagnostic or imaging studies were noted. Her treatments were noted to include diagnostic studies; medication management; and restricted work duties. The progress notes of 1/17/2014 reported complaints which included unchanged symptoms in her right upper extremity with pain around the right wrist, across the radial aspect of the forearm and dorsum of the wrist. Objective findings were noted to include the appearance of a normal right wrist, with vague tenderness along the distal radius in the first dorsal extensor compartment and across the mid dorsum of the wrist; a minimally positive Finkelstein's test; and complaints of pain that is limiting motion. The physician's requests for treatments were noted to include acupuncture treatments for the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x4 Right Wrist: Upheld

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

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, an acupuncture trial for pain management would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3 to 6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the primary care physician requested an initial eight acupuncture sessions, which is exceeding the number recommended by the guidelines without extenuating documented, the request is seen as excessive, and is not medically necessary.