

Case Number:	CM15-0126721		
Date Assigned:	07/13/2015	Date of Injury:	03/11/2014
Decision Date:	08/07/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/30/2015

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 57 year old female patient who sustained an industrial injury on 03/11/2014. A recent primary treating office visit dated 05/20/2015 reported the patient with subjective complaint of having symptoms increased since the last visit. She continues with subjective complaint of persistent moderate to severe pain in the right upper extremity, extending into her right wrist and hand with associated parasthesia's. In addition, she now has complaint of pain in the right shoulder and right arm following nerve conduction study. The current diagnoses were: chronic trigger thumb, bilaterally, and bilateral carpal tunnel syndrome per electrodiagnosic nerve testing done on 01/27/2014. The patient is prescribed returning to a modified work duty. Back on 12/30/2014 she was prescribed a course of physical therapy. The patient noted returning to a full duty position on 01/13/2015. She is found allergic to: Cortisone, Codeine, and Penicillin. At a visit dated 02/24/2015 the treating diagnoses were: left thumb flexor tenosynovitis; left thumb triggering; minimal left thumb CMC osteoarthritis; right thumb triggering (separate claim), and mild right carpal tunnel syndrome (separate claim). She was prescribed Voltaren Gel.

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 times 4 weeks left thumb/left wrist: 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: Based on the records available, it is not clear whether the patient underwent acupuncture care before or not. If the patient did not have had prior acupuncture and given the continued symptoms despite previous care (oral medication, work modifications and self care amongst others) 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 prior care. As the provider requested 8 sessions, number that exceeds guidelines recommendations without documenting any extraordinary circumstances, the request is seen as excessive, therefore not medical necessity.