

Case Number:	CM15-0126825		
Date Assigned:	07/13/2015	Date of Injury:	04/17/2013
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: Arizona, California

Certification(s)/Specialty: Family Practice

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 61 year old male, who sustained an industrial injury on 4/17/2013. He reported left wrist pain while trying to pull a wooden frame around the top of palletized cans. The injured worker was diagnosed as having chronic left wrist and base of thumb pain, likely osteoarthritis of the metacarpal joint. Treatment to date has included left wrist ganglion cyst removal in 2013 and medications. The progress report dated 2/23/2015 noted that he had not had any treatments or physical therapy following his left wrist surgery. He reported intermittent numbness and tingling in his thumb as well. Currently, the injured worker complains of persistent right shoulder and left wrist pain. Medication use included Tylenol and Motrin. His work status was modified and he had not worked since 10/2013. The treatment plan included trial acupuncture treatment for he left wrist x8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight sessions of acupuncture treatment for the left wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce functional improvement: 3 to 6 treatments. In this case, there is no mention of adjunctive use of therapy. The amount of sessions requested exceeds the amount needed to see functional improvement. The request for 8 sessions of acupuncture is not medically necessary.