

Case Number:	CM15-0172595		
Date Assigned:	09/14/2015	Date of Injury:	04/28/2013
Decision Date:	10/21/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/01/2015

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 with an industrial injury dated 04-28-2013. Medical record review indicates she is being treated for pain in joint-hand and osteoarthritis-knee. The progress note dated 08-03-2015 the treating physician documents "clinically unchanged." Documentation notes the injured worker is "not improved." Physical exam findings of bilateral hands were documented as swelling, pain and limited range of motion; crepitation at the base of both thumbs with resultant decreased strength and range of motion. In the 08-03-2015 note the provider documented the following: "Right hand MRI moderate to severe first carpometacarpal joint arthrosis with full thickness chondral loss and moderate underlying bone marrow edema." Available progress notes dated 01-15-2015-04-06-2015 document no significant change and clinically unchanged (bilateral hands). The progress note dated 06-01-2015 documents improvement status as "worse." Her medications included Zofran, Naproxen, Tramadol and Prilosec. Work status: "This patient has been instructed to continue working." Prior treatments are documented as medications and acupuncture. Review of medical records does not indicate the previous number of acupuncture treatments. The treating physician documented: "Thus far, the only relief of her symptoms has been through acupuncture." The treatment request is for acupuncture 1-2 times per week for 6 weeks of the bilateral hands. On 08-07-2015 the request for acupuncture 1-2 times per week for 6 weeks of the bilateral hands was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1-2 times per week for 6 weeks of the bilateral hands: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." An unknown number of prior acupuncture sessions were rendered in the past without documentation of any significant, objective functional improvement (medication intake reduction, work restrictions reduction, activities of daily living improvement) obtained with prior acupuncture provided to support the appropriateness of the additional acupuncture requested. Consequently, the additional acupuncture is not supported for medical necessity.