MAXIMUS Federal Services

Case Number:	CM15-0172981		
Date Assigned:	09/23/2015	Date of Injury:	11/10/2004
Decision Date:	10/29/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/02/2015

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, Montana
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:

The injured worker is a 50 year old female, who sustained an industrial injury on 11-10-2004. The injured worker was being treated for hand and wrist pain, status post multiple surgeries, and chronic pain syndrome. Treatment to date has included diagnostics, medications, left carpal tunnel release in 2006, release of A1 pulley right thumb in 2006, revision trigger finger release in 2007, physical therapy, and acupuncture (6 sessions authorized on 7-06-2015, with new patient report dated 7-13-2015).Currently (8-06-2015), the injured worker complains of pain to her bilateral hands, wrists, and elbows, rated 4 out of 10. She was currently working full time. Current medications included Celebrex. Exam noted bilateral grip strength 5 of 5, ability to perform oppositions with all digits bilaterally, and tenderness to palpation to the bilateral thumbs and forearms. It was documented that she had 2 remaining acupuncture sessions left and was to continue with treatment. An acupuncture progress report dated 7-27-2015 noted response to treatment as "not improving" and subjective complaints as "same." The acupuncture progress report (8-10-2015) noted complaints of right greater than left upper extremity pain and left thumb "locking." Pain was rated 2 out of 10 on the left and 4 out of 10 on the right (rated 4-5 on 7-27-2015). The treatment plan included additional acupuncture for the bilateral upper extremities x6 to further functional benefit and solidify gains, non-certified by Utilization Review on 8-13-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of acupuncture for bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 6 acupuncture sessions for bilateral upper extremity which were non-certified by the utilization review. There is lack of evidence that prior acupuncture care was of any functional benefit. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 6 acupuncture treatments for bilateral upper extremities are not medically necessary.