

Case Number:	CM15-0064587		
Date Assigned:	04/10/2015	Date of Injury:	06/02/2014
Decision Date:	05/27/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/06/2015

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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 (IW) is a 65-year-old female who sustained an industrial injury on 06/02/2014. Diagnoses include bilateral sprain/strain of the wrist. Treatment to date has included medications and acupuncture. According to the progress notes dated 2/24/15, the IW reported continued stiffness in the bilateral hands, but some improvement in pain, range of motion and function with acupuncture. A request was made for acupuncture three times weekly for four weeks for the bilateral hands. According to 3/24/15 clinic note, the provider states that she has had "improvement with acupuncture" however there are no details about the reported improvement and if there has been any improvement of functional capacity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3x4 bilateral hands: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient has had an appropriate initial trial of acupuncture, and according to the acupuncture medical treatment guidelines, "treatments may be extended if functional improvement is documented". The provider states that there has been improvement with acupuncture, however there is no mention of functional improvement or objective physical exam findings associated with improvement. Consequently based on the cited guidelines and the medical records provided, continued acupuncture is not supported without documented functional improvement with the initial trial of therapy. Therefore is not medically necessary.