

Case Number:	CM15-0071937		
Date Assigned:	04/22/2015	Date of Injury:	01/23/2014
Decision Date:	05/22/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/15/2015

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: 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 37 year old female, who sustained an industrial injury on January 23, 2014, injuring her right hand after a crush injury. She was diagnosed with reflex sympathetic dystrophy of the upper right limb, chronic pain syndrome and right hand pain. Treatment included acupuncture, infrared treatment, anti-inflammatory drugs, transcutaneous electrical stimulation unit, physical therapy, and occupational therapy and pain medications. Currently, the injured worker complained of increased pain in her right hand radiating into her upper arm. The treatment plan that was requested for authorization included eight sessions of acupuncture for the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 8 sessions for the right hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient was diagnosed with reflex sympathetic dystrophy of the upper limb, chronic pain, and right hand pain. The Acupuncture Medical Treatment guidelines states that acupuncture may be extended with documentation of functional improvement. The acupuncture provider stated that acupuncture provided some relief and the patient noticed improvement in range of motion. There was no objective documentation of the range of motion noted before and after acupuncture sessions. There was no objective quantifiable documentation regarding functional improvement. Based on the lack of documentation of functional improvement, additional acupuncture is not warranted at this time. Therefore, the provider's request for 8 acupuncture session for the right hand is not medically necessary at this time.