

Case Number:	CM15-0071938		
Date Assigned:	04/22/2015	Date of Injury:	09/09/2014
Decision Date:	06/11/2015	UR Denial Date:	04/09/2015
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 63-year-old female, who sustained an industrial injury on September 9, 2014. She reported falling with trauma to the right radial aspect of her right wrist. The injured worker was diagnosed as having right wrist pain, right hand pain, traumatic injury to wrist, and other closed fracture of the distal radius. Treatment to date has included home exercise program (HEP), physical therapy, MRI, acupuncture, and medication. Currently, the injured worker complains of right wrist pain. The Treating Provider's report dated March 31, 2015, noted the injured worker recovering very slowly from her fracture with the cast hurting her pinkie finger, with swelling of the wrist and fingers. Physical therapy was noted to be helpful in improving range of motion (ROM) but not in reducing pain. Acupuncture was noted to be helpful in reducing pain. The injured worker's current medications were noted to include Pantoprazole, Benicar, and Crestor. Physical examination was noted to show decreased range of motion (ROM) of the right wrist, with tenderness noted over the dorsal aspect of the right wrist. The treatment plan included continued home exercise program (HEP), physical therapy, and acupuncture, with a referral initiated for acupuncture to evaluate and treat right wrist and hand pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment, right wrist/hand, 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration and had subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.