

Case Number:	CM15-0072119		
Date Assigned:	04/22/2015	Date of Injury:	12/31/2014
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 31-year-old, male who sustained a work related injury on 12/31/14. The diagnosis has included pain in joint of hand. The treatments have included oral medications, Lidoderm patches, pain injection, ice/heat therapy, rest, use of a hand splint, and an MRI of left hand. In the Visit Note-New Patient Consultation dated 3/4/15, the injured worker complains of left hand pain. He rates the pain a 6/10. He describes the pain as sharp, shooting, and pressure-like. He has numbness, pins and needles and weakness in left arm. The treatment plan is for occupational therapy and acupuncture treatments to left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x6 for the left hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 275, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand, wrist/forearm/ Acupuncture.

Decision rationale: Patient has not had prior Acupuncture treatment. Provider requested initial trial of 6 acupuncture sessions for the left hand which were non-certified by the utilization review. Per guidelines, 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. ODG and ACOEM guidelines do not recommend acupuncture for hand pain. Per guidelines and review of evidence, 6 Acupuncture visits are not medically necessary.