MAXIMUS Federal Services

Case Number:	CM15-0075378		
Date Assigned:	04/27/2015	Date of Injury:	11/01/2013
Decision Date:	07/08/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/20/2015

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 27-year-old male who sustained an industrial injury on 11/1/13. The injured worker was diagnosed as having pain in joint forearm, fracture distal radius, and fracture of distal ulna closed. Currently, the injured worker was with complaints of right wrist pain. Previous treatments included chiropractic treatments, activity modification, and medication management. Previous diagnostic studies included a magnetic resonance imaging revealing a non-displaced comminuted intraarticular fracture of right distal radius. The injured workers pain level was noted as 4/10. Physical examination was notable for tenderness noted to the right wrist. The plan of care was for acupuncture treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 acupuncture sessions for the right wrist and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist/ Acupuncture.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 6 acupuncture sessions which were non-certified by the utilization review. Medical records discuss improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. 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. Additional visits may be rendered if the patient has documented objective functional improvement. 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. ODG and ACOEM guidelines do not recommend acupuncture fir wrist pain. Per review of evidence and guidelines, 6 acupuncture treatments are not medically necessary.