

Case Number:	CM15-0090939		
Date Assigned:	05/18/2015	Date of Injury:	11/23/2012
Decision Date:	06/18/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/11/2015

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 55 year old female, who sustained an industrial injury on 11/23/2012. According to a progress report dated 01/15/2015, the injured worker had pain in her right wrist and right thumb. Pain level was rated 0-7 out of 10. Pain was more severe when she was very active. Treatment to date has included acupuncture, x-rays of the right hand, physical therapy, medications and a cortisone injection. Examination of the right wrist demonstrated mild tenderness to palpation over the right wrist with a positive Finkelstein's test, negative median nerve compression test, negative Tinel's sign, negative Phalen's test and a mildly positive first CMC grind test. Sensory examination demonstrated a two point discrimination at 5 millimeters in all digits of the right hand. Assessment included right wrist pain, right hand pain, right thumb carpometacarpal joint arthritis and right wrist de Quervain's stenosing tenosynovitis. Treatment plan included acupuncture twice a week for four weeks. According to an initial comprehensive report dated 03/26/2015, the history of treatment was reviewed and the injured worker had been referred for 16 acupuncture sessions for the right upper extremity. Acupuncture provided improvement of pain symptoms. Additional acupuncture sessions were recommended but denied. Currently under review is the request for acupuncture 2 x 4 for the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 4 for the right wrist: 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: Provider requested initial trial of 8 acupuncture sessions which were modified to 6 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. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Furthermore, ACOEM and ODG guidelines do not recommend acupuncture for wrist pain. Per guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.