

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/22/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/23/2013
Date of Injury:	8/16/2012
IMR Application Received:	8/23/2013
MAXIMUS Case Number:	CM13-0015952

- 1) **MAXIMUS Federal Services, Inc. has determined the request for continued acupuncture treatments for the left wrist and hand three times a week for four weeks is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/23/2013 disputing the Utilization Review Denial dated 7/23/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) **MAXIMUS Federal Services, Inc. has determined the request for continued acupuncture treatments for the left wrist and hand three times a week for four weeks is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Expert Reviewer who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Chiropractic and Acupuncture and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The patient is a 34 year old female who was involved in a work-related accident initially on August 16, 2012. The initial injury involved the left thumb. By September 2012, she developed a new injury from over-compensation on the right wrist and thumb. In October 2012, she was involved in another work-related injury that aggravated her condition. She complains of bilateral wrist pain and elbow pain. She also has numbness and tingling in the left hand. The patient has had physical therapy, and injection to her left thumb, acupuncture, and oral pain medications. She has been on total temporary disability since February of 2013. MRI studies show that she has a partial tear of the left wrist extensor digitorum communis with tenosynovitis. Primary diagnoses are wrist tendonitis/bursitis, elbow tendonitis/bursitis, carpal tunnel syndrome, and shoulder sprain/strain. On a note from February 22, 2013, the physician noted that after eight visits of acupuncture, the patient had slight improvement of pain, and range of motion improvement for left wrists and thumbs, as well as strength improvement in her left wrist. The acupuncture notes submitted did not detail any improvement for the visits rendered on March 27, 2013 through April 11, 2013. On May 29, 2013, the physician reports that the patient had improvement in range of motion and pain after six sessions of acupuncture. However, he also noted that her work restrictions remain unchanged. On September 18, 2013, her physician stated in an appeal that 12 sessions of acupuncture helped reduce pain, increase musculoskeletal function, avoid decondition, and facilitate her activities of daily living. No further documentation regarding acupuncture the last six sessions of acupuncture was found in the submitted paperwork.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for continued acupuncture treatments for the left wrist and hand three times a week for four weeks:**The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision**

The Claims Administrator based its decision on the Acupuncture Medical Treatment Guidelines, which are a part of MTUS.

The Expert Reviewer based his/her decision on the Acupuncture Medical Treatment Guidelines, which are a part of MTUS.

Rationale for the Decision:

According to evidenced based guidelines, this treatment is not medically necessary. After an initial trial, acupuncture is considered medically necessary based on functional improvement from prior treatments. There is documentation on measured improvement of ROM and strength after six visits. However, there is no submitted documentation on actual measured improvement in pain, musculoskeletal function, avoidance of deconditioning, or facilitation of daily living as stated by the physician in an appeal. If exam or treatment notes can detail this functional improvement, further visits can be considered medically necessary. **The request for continued acupuncture treatments for the left wrist and hand three times a week for four weeks is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/dso

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.