

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/23/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/19/2013
Date of Injury:	1/24/2008
IMR Application Received:	7/24/2013
MAXIMUS Case Number:	CM13-0002946

- 1) MAXIMUS Federal Services, Inc. has determined the request for additional acupuncture to right hand/wrist two times weekly for 6 weeks **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/24/2013 disputing the Utilization Review Denial dated 7/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/29/2013. 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 additional acupuncture to right hand/wrist two times weekly for 6 weeks **is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The Independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain Management and has a subspecialty in 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 19, 2013:

“This female claimant with right hand/wrist pain reported a date of injury on 01/24/08. According to the case notes, she sustained a wrist laceration causing complete transection of the median nerve and flexor tendons. She underwent right wrist tendon and nerve repair on 01/25/08 and subsequently developed signs of Complex Regional Pain Syndrome. She has completed 30 acupuncture visits to date. She reports overall improvement in pain and the ability to use her hand/wrist by 70-80%. According to the note dated 06/20/13, when the acupuncture treatments were discontinued, she had an increase in the tightness and pain of her upper extremities and hands, resulting in decreased ability to grip and carry, and increased numbness. The request is for additional acupuncture to right hand/wrist 2x week X 6 weeks.”

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 for Independent Medical Review (received 7/24/13)
- Utilization Review Determination from [REDACTED] (dated 7/19/13)
- Employee medical records from [REDACTED] (received 8/16/13)
- Employee medical records from Employee Representative (received 8/21/13)
- Medical Treatment Utilization Schedule (MTUS)

- 1) **Regarding the request** additional acupuncture to right hand/wrist two times weekly for 6 weeks:

Medical Treatment Guideline(s) 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 part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 1/24/2008 to the right hand and wrist. The medical records provided for review show signs of complex regional pain syndrome and median nerve neuropathy. The employee has had 30 prior acupuncture visits. The medical report dated 6/20/2013 documents that when the acupuncture treatments were discontinued, the employee had an increase in the tightness and pain in the arms and hands. This resulted in the decreased ability to grip and carry, and increased numbness. The request is for additional acupuncture to right hand/wrist two times weekly for 6 weeks.

The MTUS Acupuncture Guidelines indicate that acupuncture treatments may be extended if functional improvement is documented. The medical records provided for review indicate that there was a clinically significant improvement in activities of daily living with acupuncture, and that the employee had to increase the oral analgesic medication when the acupuncture was discontinued and began to lose the increase. The request for additional acupuncture to right hand/wrist two times weekly for 6 weeks **is 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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

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

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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.