

REDACTED PAGE

MEDICAL PROFESSIONAL REVIEW

ISSUE AT DISPUTE:

Whether acupuncture, 1 or more needles, without electronic stimulation, and initial 15 minutes of one-on-one contact with the patient is medically necessary.

CASE SUMMARY:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated 01/26/2013.

“The patient is a 56-year-old female with a date of industrial injury of 1/2/13 (DOI). According to case management information, the patient has completed six sessions of occupational therapy treatment with improvement and has returned to full-duty work activity. According to a clinic note on 1/21/13, there was mention of the patient working regular duty and that the six physical therapy sessions had improved her condition and that the patient was not taking any medications. There were no new range of motion limitations and no altered sensation and that the patient’s symptoms were stable. Also per the 1/21/13 note, there was mention that the patient was in good spirits, comfortable, demonstrated pain behaviors, [and] in no apparent distress. There was positive tenderness over the lateral epicondyle that was slightly improved and tenderness with resistance to wrist extension that was improved and minimal tenderness over the medial epicondyle bilaterally. Listed diagnoses included medial and lateral epicondylitis, forearm strain, trapezius strain, and repetitive stress injury. The treatment plan included regular work activity as well as home exercise program, acupuncture, and additional physical therapy treatment and that the acupuncture was to focus on functional outcomes and return to regular work.”

DOCUMENTS REVIEWED FOR DETERMINATION:

1. Application for IMR
2. Utilization Review conducted by [REDACTED] (dated 1/26/2013)
3. Pre-Authorization Review conducted by [REDACTED] (dated 1/25/2013)
4. Employee’s Medical Records from [REDACTED] (dated 1/7/2013 to 2/13/2013)
5. Acupuncture Medical Treatment Guidelines (July, 2009)

MEDICAL TREATMENT GUIDELINE(S) RELIED UPON BY PROFESSIONAL REVIEWER AND WHY:

The claims administrator cited the American College of Occupational and Environmental Medicine (ACOEM), 3rd Addition, 2004, Official Disability Guidelines (ODG) (2009) and the Acupuncture Medical Treatment Guidelines (2009). The provider also cited the Acupuncture

Medical Treatment Guidelines (2009). The professional reviewer relied upon the guidelines cited by both the claims administrator and provider.

**RATIONALE FOR WHY THE REQUESTED TREATMENT/SERVICE IS/WAS NOT
MEDICALLY NECESSARY:**

The additional acupuncture care has been requested for this patient to focus on functional outcomes and return to regular work, but the reporting indicates that the patient is working full duties without intolerance noted, is not taking medication, has minimal symptoms (VAS 3/10) and no functional deficits in activities of daily living (ADLS) were identified.

MEDICAL REVIEWER QUALIFICATIONS:

The reviewer is board certified in Oriental Medicine and is licensed in Acupuncture in California. The reviewer is knowledgeable in the treatment of the employee's medical condition, knowledgeable about the proposed treatment, and familiar with guidelines and protocols in the area of the treatment under review. The reviewer holds a current certification by a recognized American medical specialty board in the area or areas appropriate to the treatment under review and has no history of disciplinary action or sanctions against my license.

The determination of MAXIMUS and our professional reviewer is deemed to be the final determination of the Administrative Director, DWC.

However, 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 aggrieved employee or the aggrieved 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;

IMR Manager