

Case Number:	CM13-0042654		
Date Assigned:	12/27/2013	Date of Injury:	01/21/1996
Decision Date:	02/26/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient sustained an injury on 1/21/96 while employed by the [REDACTED]. The note dated 10/2/13 from [REDACTED] noted the patient had some pain in the left wrist consistent with stretching program given in therapy. The exam showed restricted cervical range of motion with flexion 75%, extension 50%, and lateral bending 25%. There was minimal tenderness over medial collateral ligament at right wrist; moderate tenderness over right lateral epicondyle, ECR and triceps tendon at elbow; and mild tenderness over the ulnar styloid and the carpo-ulnar ligament. Treatment included acupuncture as an alternative to oral medication, as she is sensitive to NSAIDs. The claimant lacked improvement with current conservative treatment program. Permanent restrictions include no lifting more than 5 lbs. and no pull/pushing more than 10 lbs.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 6 sessions of acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Page(s): 8-9.

Decision rationale: It is noted that the patient lacks improvement from current her brace and medications; however, the records do not clarify what the contraindication is for acetaminophen treatment. Submitted reports have not demonstrated support for acupuncture per guidelines criteria which recommend an initial trial of conjunctive acupuncture visit of 3-6 treatment with further consideration upon evidence of objective functional improvement. It is unclear how many acupuncture sessions the patient has received for this injury or its documented efficacy. Submitted reports have not demonstrated the medical indication to support for additional acupuncture sessions as there are no specific objective changes in the clinical findings, no report of an acute flare-up, no new injuries, and no decrease in medication usage for this patient. The 6 sessions of acupuncture is not medically necessary and appropriate. As such, the request is non-certified.