

Case Number:	CM13-0051112		
Date Assigned:	02/20/2014	Date of Injury:	04/16/2012
Decision Date:	05/20/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/14/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery 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 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:

The patient is a 23-year-old female injured in work related accident on 04/16/12. The clinical records provided for review included a 11/19/13 orthopedic reassessment documenting ongoing complaints of right upper extremity pain and noting that the current use of Voltaren gel and a Tens unit were providing adequate pain relief. The documentation also indicated that the claimant had a previous course of acupuncture. The diagnosis of early ulnar neuropathy was made and exam findings were noted to show tenderness of the median right elbow. Clinical imaging reports were not provided. The recommendation was made for additional acupuncture treatments for six sessions to the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 ADDITIONAL SESSIONS OF ACUPUNCTURE FOR THE RIGHT UPPER EXTREMITY, 2 TIMES A WEEK FOR 3 WEEKS, AS AN OUTPATIENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The CA MTUS Acupuncture 2009 guidelines do not support continued acupuncture. The clinical records provided for review document that the patient has undergone a

significant course of acupuncture for complaints of right upper extremity pain. At the last clinical assessment of 11/19/13 the documentation indicated that the patient was stable with the use of Voltaren gel and a Tens unit. The medical records provided for review do not indicate a need for continued use of acupuncture. Based upon the CA MTUS Acupuncture Guidelines the requested six additional sessions would exceed the guideline criteria. There is no documentation that would support that the patient is an exception to the standard treatment. Additional acupuncture is not recommended as medically necessary.