

Case Number:	CM13-0052230		
Date Assigned:	06/09/2014	Date of Injury:	05/18/2012
Decision Date:	08/14/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/15/2013

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 licensed in Acupuncture, has a subspecialty in Addiction Detoxification and is licensed to practice in New York. 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 applicant is a 38 year old female, who has filed a claim for an injury she sustained to her right upper extremity on 05/18/12. Diagnosis is impingement syndrome, right lateral epicondylitis, right carpal tunnel syndrome and a sprain of the right wrist. Since this incident, the applicant has seen an orthopedist, acupuncturist, physical therapist and chiropractor; she had interferential treatment, carpal tunnel surgical release and steroid injections to the elbow. Before 07/11/13, date of the utilization review request, the applicant had received acupuncture as a course of treatment without documented results. At the date of the determination, 07/19/13, the claim administrator denied additional acupuncture therapy for the applicant since prior acupuncture treatments resulted in no real benefit in functional improvement nor has sufficient evidence been provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 1 X 6 ON THE RIGHT WRIST AND ELBOW: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Evidently the applicant has had prior acupuncture care without any real benefit or evidence of functional improvement. As noted in MTUS 9792.24.1.d, acupuncture treatments may be extended if functional improvement as defined in section 9792.20f. Therefore, additional acupuncture therapy is not medically necessary.