

Case Number:	CM13-0053611		
Date Assigned:	12/30/2013	Date of Injury:	05/22/2012
Decision Date:	06/11/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/18/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain medicine 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 injured worker is a 54 year old female injured on 5/22/12. She was employed by an insurance company and the covered body regions as part of the industrial claim include the left wrist and left elbow. She suffers with pain at a VAS pain score of 7/10. The mechanism of injury is not provided in records. Since her injury, she has received conservative treatments of physical therapy multiple times, three injections, shockwave therapy (at least three visits), multiple pain medication, and anti-inflammatory medications. It appears another request for acupuncture treatments back in March 2013 was denied due to lack of information to justify such treatments. The utilization review determination on 10/17/13, denied the acupuncture therapy for 12 visits, based upon the fact that "the submitted records do not indicate any medication issues or concurrent plans for physical rehabilitation where acupuncture can provide additional benefit."

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TWO (2) TIMES A WEEK FOR SIX (6) WEEKS TO THE LEFT WRIST AND LEFT ELBOW: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In the case of this request, the initial request for 12 visits is beyond the initial trial of 3-6 visits recommended by the California Medical Treatment and Utilization Schedule. Therefore, this request is not medically necessary.