

Case Number:	CM13-0066634		
Date Assigned:	01/08/2014	Date of Injury:	07/16/2012
Decision Date:	05/12/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/16/2013

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 Chiropractic & Acupuncture 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:

Claimant is a 51 year old female who sustained a work related injury on 7/16/2012. Prior treatment includes physical therapy, acupuncture, cortisone injections, and topical medication. Per an acupuncturist report dated 10/28/2013, the claimant has tightness and swelling in the forearm. She reports difficulty doing housework or any activity that presses on the hands. She reports that the symptoms are impacting her sleep and causing her to wake up in the middle of the night 5 nights a week. She also reports weakening grip strength. Prior treatment has included acupuncture, cortisone injection, oral medication, and physical therapy. The provider states that her tightness and swelling have reduced 25% in her left arm and 15% in the right arm. In the same report, the provider says the claimant only has trouble one night a week with sleep. Per a pr-2 dated 10/30/2013, the provider states that acupuncture has been helpful and noted a 50% improvement. The claimant had 12 sessions of acupuncture in 2012 that was not helpful. Her diagnoses codes are bilateral medial epicondylitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) SESSIONS OF ACUPUNCTURE FOR BILATERAL ELBOWS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The claimant has had at least sixteen prior acupuncture sessions, however the provider failed to document functional improvement associated with her acupuncture visits. In regards to previous acupuncture rendered: no significant, measurable outcomes found through treatment were documented, nor were any increase in ability to perform activities of daily living, increased ability to perform job-related activities, or reduced medication. Therefore further acupuncture is not medically necessary.