

Case Number:	CM14-0000567		
Date Assigned:	04/04/2014	Date of Injury:	02/01/2013
Decision Date:	05/09/2014	UR Denial Date:	12/22/2013
Priority:	Standard	Application Received:	01/02/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 36 year old male with a date of injury on 2/1/2013. Patient has had ongoing symptoms related to his right elbow. Subjective complaints are of increased pain in the right proximal forearm, worse with manual activities, no numbness or tingling in the hand or fingers. Physical exam shows tenderness at the radial tunnel, and crepitus was noted, as well as pain with forced supination. Right elbow and forearm MRI examination from 4/13 were normal. Electrodiagnostic studies from 7/15/13 were normal. Treatments have included arm/wrist support, activity restriction and physical therapy. In 7/13 patient had 10 visits of acupuncture approved. Office notes from 1/14/14 mention previous acupuncture was performed and resulted in some reduction of pain relief. The submitted records do not include any acupuncture progress notes. There is also no specific documentation as to functional improvement related to previous acupuncture therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE OF AN ADDITIONAL EIGHT (8) SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Expert Reviewer's decision rationale: CA MTUS acupuncture guidelines suggest acupuncture for as an adjunct to physical rehabilitation or surgery to hasten functional recovery. Time to produce improvement is usually 3-6 sessions. Sessions can be extended if functional improvement is documented with "functional improvement" meaning a significant increase in daily activities or reduction in work restrictions, as determined by subjective and objective findings. According to submitted medical records the patient has already received prior acupuncture treatments, but there are no documented specifics of pain relief or functional improvement. Therefore, the medical necessity of further treatments is not established.