

Case Number:	CM14-0009149		
Date Assigned:	04/11/2014	Date of Injury:	01/13/2011
Decision Date:	06/30/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/22/2014

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 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 female employee who has filed an industrial claim for left wrist, hand and forearm pain with numbness and tingling in the left wrist and hand. She was diagnosed with left wrist sprain/strain, left lateral epicondylitis and repetitive strain injury. The injury occurred on 1/13/11 when the applicant lifted a heavy computer monitor at work, reported by the treating physician on 6/13/11. The treatment has included cortisone injections, physical therapy, tens unit for home use, and anti-inflammatory medication. Diagnostic exams include an MRI of her left wrist and EMG/NCV studies. Applicant's work status is unchanged as temporarily partially disabled with work restrictions. In the utilization review report, dated 1/3/14, the UR determination did not approve the eight sessions of acupuncture requested, but modified this request to six visits in light of the MTUS guidelines regarding time (initial trial of 3-6 visits) to produce functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 ACUPUNCTURE TREATMENTS 2 TIMES A WEEK FOR 4 WEEKS FOR THE LEFT 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: Initial acupuncture care is evaluated utilizing the California MTUS guidelines for acupuncture medical treatment. California MTUS recommends an initial trial of 3-6 visits of acupuncture. Additionally, California MTUS states "acupuncture is used as an option when pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." Further acupuncture, beyond this initial trial will be considered based on "functional improvement", as defined by California MTUS. There is no clinical data provided by the treating physician regarding a decrease or intolerance to her medication, recent involvement in physical rehabilitation program or the prolonged temporarily partially disabled work status is evident of a lack of a treatment program focused on functional recovery. Therefore, given the California MTUS guidelines for acupuncture care detailed above, including the initial trial that is less than eight visits, the original request of eight sessions of acupuncture is not medically necessary.