

Case Number:	CM14-0154330		
Date Assigned:	09/23/2014	Date of Injury:	06/16/2011
Decision Date:	10/24/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/22/2014

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, and is licensed to practice in New York and Connecticut. 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:

According to the records made available for review, this is a 63 year old female patient sustained a right elbow injury resulting from reaching for files and repetitive usage, with a 6/13/2001 date of injury with residual upper arm/wrist/shoulder/ elbow symptoms of pain. As of 8/28/14, patient had prior 6 sessions of acupuncture and 15 sessions of physical therapy. Based on the PR-2s and records in this file, at the time of this request for authorization of acupuncture, X12 there is documentation of main subjective pain complaints on the above, with objective positive findings including tenderness on the areas of injury. TCM Diagnosis is "painful bi syndrome". There was no documentation of an increased function on the above areas of injury resulting from patient's prior 6 sessions of unknown dates. There is no information that included a decrease in the intake of pain medication, a reduction of the intensity of objective findings, etc.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3 times a week for 4 weeks for the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Continued acupuncture is not medically necessary. In order to support the medical necessity for acupuncture, based on MTUS guidelines, acupuncture may be warranted in the presence of positive objective findings from the acupuncturist as an initial trial of 3-6 treatments up to 1-2 months with a maximum duration of 14 sessions. Beyond 3-6 treatment sessions, the acupuncturist is obligated to document functional improvement which was absent in this file (as a request for continuing acupuncture after having had 6 sessions). There is no documentation of any objective/functional improvement from prior 6 sessions of acupuncture. California Medical Treatment guidelines section 24.1 states "Acupuncture treatments may be extended if functional improvement is documented and it is defined in section 92.20 "either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during history and physical examination performed and documented. The medical records in this file did not clearly document functional progress from her prior 6 sessions. Moreover it is unknown when these prior sessions occurred; guidelines do not provide any information on whether acupuncture is beneficial 13 years after such trauma. For these reasons continued acupuncture X12 is not supported by guidelines.