

Case Number:	CM14-0165604		
Date Assigned:	10/10/2014	Date of Injury:	02/01/2013
Decision Date:	12/03/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/08/2014

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 Acupuncturist and is licensed to practice in Florida. 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 patient is a 53-year-old female who sustained an industrial injury on 2/1/13. The mechanism of the injury is a piece of metal struck the patient in the forearm. The patient has been diagnosed with: Sprains and strains of unspecified site of elbow and forearm, and lateral epicondylitis. She has been prescribed the following medications: Tramadol, Vicodin, Voltaren, Prilosec, and Cyloketolido cream. The records reflect the patient has received PT, an elbow procedure and injection therapy. Functional improvement is not documented, and patient's tolerance to her medication is also not documented. After reviewing the documentation provided, the records fail to demonstrate any clinical evidence of functional improvement with the prior course of physical therapy, injection therapy or medication provided. The medical necessity for the requested acupuncture sessions has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient is a 53-year-old female who sustained an industrial injury on 2/1/13. The patient injured her forearm and elbow when a piece of metal fell on her. She has undergone an elbow procedure, and injection therapy. She also has been prescribed medications and had physical therapy. As per CA MTUS Acupuncture Medical Treatment Guidelines (9792.24.1) 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 expedite functional recovery. Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20 CA MTUS Acupuncture Guidelines requires clinical evidence of functional improvement for additional care to be considered. CA Acupuncture guidelines cited, 9792.24.1 states that the time to produce significant improvement is 3-6 treatments. It also states that acupuncture may be extended if functional improvement is documented including significant improvement in activities of daily living, reduction of work restriction, and reduction of dependency on continued medical treatment. The current documentation does not provide information that the patient received any benefit from the previous physical therapy sessions, injection therapy, elbow procedure or the medications that were prescribed. Functional improvement (or the lack of) has not been documented. Therefore, the request for acupuncture treatments would not be medically necessary.