

Case Number:	CM14-0169811		
Date Assigned:	10/20/2014	Date of Injury:	12/01/2011
Decision Date:	11/20/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/14/2014

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 Chiropractic 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 53 year old female who sustained a work related injury on 3/16/1961. Prior treatment includes physical therapy, injections, bracing, right elbow surgery, platelet rich protein injection, acupuncture, and medications. Per a PR-2 (progress report) dated 8/7/14, the claimant had 4 acupuncture visits between 7/16-8/1/14 and reported improvement in pain. She also had a week off work the last week of the course. Per a PR-2 dated 9/23/2014, the claimant is now working at a different job within the same company that does not require use of her hands to write and type. The adjuster called 5 times between 8/19/14-9/23/14 for a response from the acupuncturist. Her diagnoses are right lateral epicondylitis, status post lateral epicondylectomy, right radial tunnel syndrome, and right medial epicondylitis. The claimant is working without limitations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 6 visits for the right hand/ wrist: 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 after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture trial with an improvement in pain. However the claimant also had a break from work concurrently with acupuncture treatment. The provider also fails to document objective functional improvement associated with acupuncture treatment. In addition, the claimant is working full duty in another capacity and does not report any limitations. Therefore further acupuncture is not medically necessary.