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| Case Number: | CM14-0170126 | | |
| Date Assigned: | 10/20/2014 | Date of Injury: | 12/23/2011 |
| Decision Date: | 12/10/2014 | UR Denial Date: | 09/19/2014 |
| Priority: | Standard | Application Received: | 10/15/2014 |

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 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 54-year-old female who sustained an industrial injury on 10/24/11. The mechanism of the injuries are typing, lifting, grasping and writing. The patient has been diagnosed with: Cervical spine sprain/strain/discopathy, right trapezial strain, right elbow lateral epicondylitis, bilateral wrist/hand carpal tunnel syndrome with Electromyogram (EMG)/ Nerve conduction velocity (NCV) evidence and stress. She has been prescribed the following medications: Toradol, Medical Marijuana, Plaquenil, Motrin 100 and Sombra gel. The patient has received numerous PT and acupuncture treatments. She also had steroid injections in the elbow, status post (S/p) trigger injections at right trapezius and S/p cervical epidural steroid injection at C7/T1 with fluoroscopy. The patient had elbow brace and wrist splints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two times a week for six weeks to the cervical, right trapezal, elbow and bilateral wrist/hands: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: 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 sited 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 acupuncture sessions. Also, the objective findings from the provider are unknown. Therefore, the request for 12 acupuncture treatments would not be medically.