

Case Number:	CM14-0027393		
Date Assigned:	06/20/2014	Date of Injury:	05/06/2010
Decision Date:	08/18/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	03/04/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 31-year-old female who reported an injury on 05/06/2010 due to cumulative trauma. On 03/24/2014, the injured worker presented with substantial improvement with acupuncture treatment. On examination there was decreased paracervical tenderness with improved cervical range of motion. There was a negative Tinel's and Phalen's signs. There was a positive compression test over the cubital tunnel and full range of motion of the shoulder to the left side. The diagnoses were history of left upper extremity injury in 2007 with left carpal tunnel decompression in 2008, recurrent left carpal tunnel syndrome of the ulnar neuritis, left shoulder tendinopathy, cervical strain, and left lateral epicondylitis. Prior therapy included acupuncture, medications, and elbow night extensor immobilizer. The provider recommended 12 acupuncture sessions due to success of this modality for the injured worker. The request for authorization form was dated 03/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 (TWELVE) ACUPUNCTURE SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for 12 acupuncture sessions is not medically necessary. The California MTUS state acupuncture is used as an option when pain medication is reduced or not tolerated and it must be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The frequency and duration of acupuncture is 3 to 6 treatments for 1 to 3 times a week for up to 2 months. The amount of previous acupuncture treatments that the injured worker has already had was not provided. There is a lack of evidence of an objective significant functional improvement and a measurable baseline to which to measure the efficacy of the previous acupuncture treatments. Additionally, the provider's request does not indicate the frequency or the site that the acupuncture treatments were intended for in the request as submitted. As such, the request is not medically necessary.