

Case Number:	CM14-0034820		
Date Assigned:	06/20/2014	Date of Injury:	10/11/2013
Decision Date:	07/18/2014	UR Denial Date:	03/08/2014
Priority:	Standard	Application Received:	03/20/2014

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 Acupuncture, 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:

This is a 39 year old female patient with pain complains of left elbow-wrist. Diagnoses included medial epicondylitis. Previous treatments included: oral medication, physical therapy, acupuncture, and work modifications, amongst others. As the patient continued to be symptomatic, a request for additional acupuncture was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture, 2 x per week for 3 weeks, to the left wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As reported on 2/26/14 by the primary treating physician, the patient's condition had not improved significantly. In fact, the patient's injury was 40% worse. Six sessions of physical therapy had been completed and light duties had been accommodated. Symptoms were dull, minimal, and mild. The left wrist had full range of motion and 5/5 muscle strength. Six sessions of acupuncture were requested. On 3/25/14, the patient had had six sessions of acupuncture with very minimal improvements. As documented by the primary treating physician, the patient is not presenting any functional-motor-sensory deficits; the

symptoms are mild and minimal. In addition, the goals for the acupuncture request were not indicated. The MTUS guidelines note that the extension of acupuncture care could be supported for medical necessity if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. After six prior acupuncture sessions were rendered, no evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) was documented to support the reasonableness and necessity of the additional acupuncture requested. In addition the patient presents no deficits for which acupuncture would be indicated. As such, the request is not medically necessary.