

Case Number:	CM14-0043798		
Date Assigned:	07/02/2014	Date of Injury:	02/06/2013
Decision Date:	09/09/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/10/2014

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 Chiropractic and 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:

Claimant is a 39-year-old female who sustained a work related injury on 2/6/2013. Prior treatment included physical therapy, Toradol injection, oral medication, wrist injections, bracing, and work restrictions. Her diagnoses are right carpal tunnel syndrome, right lateral epicondylitis, right shoulder impingement, anxiety, medial epicondylitis, and right de Quervain's syndrome. Per PR-2 dated 3/18/2014, the claimant has had no significant improvement and she continues to have pain and symptoms in her right upper extremity. She has tenderness to palpation in the right shoulder, right elbow, and right wrist. There is decreased right shoulder range of motion, and positive Tinel's at the elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 visits of Acupuncture to the right upper extremity: 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, an initial trial of acupuncture consists of three to six visits. A request for twelve visits exceeds the recommended number and therefore is not medically necessary. If objective functional improvement is demonstrated,

further visits may be certified after the trial. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. If there has been prior treatment, no documented functional improvement because of prior treatment is submitted to justify further visits. Therefore, the request is not medically necessary