

Case Number:	CM14-0055332		
Date Assigned:	07/07/2014	Date of Injury:	08/10/2013
Decision Date:	09/09/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/24/2014

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, has a subspecialty in Addiction Detoxification and is licensed to practice in New York. 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 purpose of this review is to consider additional acupuncture treatment two times per week for four weeks. The applicant is a female employee who has filed an industrial claim for right upper extremity injury that occurred on 8/10/13. The mechanism of injury is unspecified in the records reviewed. Currently the patient complains of pain at a level of 9/10 in her right elbow. She does not suffer with numbness or tingling. Her pain is aggravated and worsens with right wrist extension. On 4/01/14, the primary treating physician requested eight acupuncture sessions. Her treatment to date includes, but is not limited to, lidocaine and Kenalog injections into the right lateral epicondyle, oral and topical pain and anti-inflammatory medications. The applicant is most recently off work until 4/21/14 and then recommended to go back to work with limited use of her right hand thereafter. The adviser implied the applicant received prior acupuncture care, however, the records provided do not indicate such.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Acupuncture evaluation and acupuncture to right elbow two (2) times a week for four (4) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Initial acupuncture care is evaluated utilizing the MTUS guidelines for acupuncture medical treatment. The MTUS recommends an initial trial of 3-6 visits of acupuncture. Additionally, MTUS states 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 hasten functional recovery. Further acupuncture, beyond this initial trial will be considered based on functional improvement, as defined by the MTUS. There is no clinical data provided by the treating physician regarding a decrease or intolerance to her medication or recent involvement in physical rehabilitation program. Furthermore, there is no evidence that this claimant received acupuncture previously, however the adviser referred to previous acupuncture care for the applicant but the documentation of such visits happening, either factual or implied, do not exist. Therefore, given the MTUS guidelines for acupuncture care detailed above, including the initial trial that is less than eight visits, the original request of eight sessions of acupuncture is not medically necessary.