

Case Number:	CM14-0071766		
Date Assigned:	07/16/2014	Date of Injury:	04/30/2013
Decision Date:	09/16/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/16/2014

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 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 52 year old female patient with pain complains of her left elbow. Diagnoses included left lateral epicondylitis. Previous treatments included elbow surgery, cortisone injections, oral medication, physical therapy, acupuncture x 6 (benefits reported as medication intake reduction and increase of muscle strength) and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x6 was made on 04-07-14 by the primary treating physician. The requested care was denied on 04-18-14 by the UR reviewer. The reviewer rationale was "although the patient reportedly had very good results with prior acupuncture, the number of session already completed and specific functional outcomes and goals were not provided".

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture one time a week for six weeks for the Left Elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: On her report dated 02-19-14 the primary treating physician requested a trial for six sessions of acupuncture. At that time, the hand dynamometer (Jamar) test for the left hand

reading was: 30/32/20. The patient was taking NSAIDs (prescription strength). Work status: modified duties. On her report dated 04-07-14 the primary treating physician requested additional six sessions of acupuncture. At that time, the hand dynamometer (Jamar) test for the left hand reading was: 46/46/42. The patient was able to discontinue NSAIDs (prescription strength). Work status: modified duties (no change from before acupuncture). Although prior acupuncture improvements were reported as medication intake reduction and increase of strength of the right arm (Jamar dynamometer), based on the guidelines: "Acupuncture treatment may be extended if functional improvement is documented as either a improvement in activities of daily living" (no changes documented) "or a reduction in work restrictions" (patient continues with the same work restrictions). Therefore the request for additional acupuncture is not supported for medical necessity.