

Case Number:	CM14-0093593		
Date Assigned:	07/25/2014	Date of Injury:	09/17/2010
Decision Date:	09/09/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/19/2014

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 has a subspecialty 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:

The injured worker is a 57 year old male who reported right elbow pain from an injury sustained on 09/17/10 while lifting a shovel. Electrodiagnostic studies revealed carpal tunnel syndrome. Patient is diagnosed with lateral epicondylitis, mononeuritis and pain in joint-upper arm. Patient has been treated with medication, therapy and acupuncture. Per acupuncture progress notes on 03/21/14, patient reports temporary relief in pain from acupuncture but no change in functionality and pain is rated at six out of ten. Per progress notes on 03/25/14, pain after treatment was four to five out of ten, pain is now six out of ten. Patient reports no change in functionality. Per the notes on 04/01/14 the patient reports that pain is no longer constant and muscles feel more relaxed, pain is at five out of ten. The patient has difficulty using his arm for daily living activities. Per medical notes on 05/21/14, patient complains of right elbow pain rated at five out of ten The pain is characterized as aching and burning, radiating to the right forearm. Pain level remains unchanged since last visit. Patient has completed 8 sessions of therapy and reports good benefit. Per medical notes he was able to complete his ADLs with less discomfort. He is also able to participate in his family life and recreational activities. From the notes dated 06/20/14, The patient complains of right elbow pain rated at six out of ten. The patient hasn't had any long term symptomatic or functional relief with acupuncture care. The medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions Additional Acupuncture to the right elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Acupuncture Medical Treatment Guidelines, acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce function improvement within three to six treatments with a frequency of one to three times per week with optimum duration of one to two months. Acupuncture treatments may be extended if functional improvement is documented. Patient has had prior acupuncture treatments per notes on 03/21/14 and reports temporary relief in pain. He reports no change in functionality and pain is rated at six out of ten. Per notes on 03/25/14, pain after treatment was four to five out of ten and is now six out of ten. He reports no change in functionality. Notes dated 04/01/14, report that pain is no longer constant and muscles feel more relaxed, pain is rated at five out of ten. patient has difficulty using arm for activities of daily living. Per medical notes dated 05/21/14, he was able to complete his ADLs with less discomfort and is also able to participate in his family life and recreational activities. Medical notes do not specify the functional improvement with treatment. Additionally, acupuncture progress notes fail to document any objective functional improvement which is consistent with the guidelines. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, acupuncture treatments are not medically necessary.