

Case Number:	CM14-0096205		
Date Assigned:	09/18/2014	Date of Injury:	04/03/2013
Decision Date:	10/16/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/24/2014

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 and is licensed to practice in New York and Connecticut. 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:

According to the records made available for review, this is a 41 year old female patient with a 4/3/13 date of injury. Patient has a diagnosis of right elbow pain. Other diagnoses include lumbar sprain and stenosis, shoulder sprain and ulnar nerve lesion. Patient had physical therapy and a course of an unspecified amount of acupuncture. Past history is significant for diabetes, high blood pressure and high cholesterol. Based on the PR-2s and records in this file, at the time of this request for authorization of acupuncture, 2 times per week for 4 weeks, there is documentation of main subjective pain complaints of right elbow pain, with objective positive findings including tenderness to palpation. There is a follow-up acupuncture report dated 5/9/14. There are acupuncture notes for 5/14/14-5/28/14, 5 prior sessions, although based on introspection of the provided amount of information, it appears that patient had prior acupuncture before then.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Additional Acupuncture Visits for the right Elbow, 2 times a week for 4 weeks as an outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In order to support the medical necessity for acupuncture, based on MTUS guidelines, acupuncture may be warranted in the presence of positive objective findings from the acupuncturist as an initial trial of 3-6 treatments up to 1-2 months with a maximum duration of 14 sessions. Beyond 3-6 treatment sessions, the acupuncturist is obligated to document functional improvement which was absent in this file. There is no documentation of the number of previous acupuncture treatments and objective improvement; moreover, it is unknown how many prior acupuncture sessions were provided to this patient and if patient had achieved the maximum recommended amount of up to 14 sessions. At the minimum, no objective or functional improvement was cited relative to the earlier 5 sessions of acupuncture 5/14/14-5/28/14. Functional improvement can be defined as a significant improvement in activities of daily living, a reduction in work restriction (the 5/9/14 report cites a neck issue, "patient can sit longer", a decrease in the intake of oral medication as well as the reduction of objective findings. Therefore the request for 8 sessions is not supported by MTUS guidelines.