

Case Number:	CM14-0113801		
Date Assigned:	08/01/2014	Date of Injury:	03/18/2013
Decision Date:	01/14/2015	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/21/2014

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 Board Certified 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:

This is a 51 year old female with a continuous trauma work related injury dated 03/18/2013 to 03/18/2014 after developing pain to her cervical spine, left shoulder, left upper extremity, left elbow, left wrist, left hand, lumbar spine, left lower extremity, and left knee as a result of her repetitive job duties. According to a visit note dated 07/01/2014, the injured worker presented with complaints of neck, lumbar spine, and left elbow pain. Diagnoses included left tennis elbow, cervical spine sprain/strain, left upper and lower extremity radiculopathy, and lumbar spine sprain/strain. Treatments have consisted of medications, ultrasound therapy, occupational therapy, massage therapy, and application of hot/cold packs. Diagnostic testing included left elbow x-rays dated 07/01/2014 which was unremarkable. Work status is noted as modified duties with work restrictions of no overhead work, climbing, or prolonged positioning of the cervical spine, no forceful or repetitive grasping, gripping, or torqueing with the left upper extremity, and limited lifting, pushing and pulling of up to 10 pounds. On 07/14/2014, Utilization Review modified the request for Acupuncture, left elbow x 12 to 6 sessions of acupuncture citing California Medical Treatment Utilization Schedule Acupuncture Medical Treatment Guidelines. The Utilization Review physician stated that the guidelines do support an initial trial of up to 6 sessions of acupuncture for chronic pain. Further sessions would only be medically necessary if the injured worker demonstrated objective functional gains after the first 6 sessions. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for left elbow x12 sessions: 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, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture trial authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial. If this is a request for an initial trial, 12 visits exceeds the recommended guidelines for an initial trial. Therefore, the request is not medically necessary.