

Case Number:	CM14-0147404		
Date Assigned:	09/15/2014	Date of Injury:	05/28/2013
Decision Date:	10/16/2015	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 45 year old female who sustained an industrial injury on May 28, 2013. A primary treating office visit dated July 25, 2013 reported the worker being "not improved". She did undergo nerve conduction study and is noted off from work due to a family leave. Objective assessment found the worker with continued tenderness and swelling to bilateral hands and wrists. There is noted positive Tinel's and Phalen's test. She was diagnosed with bilateral hand and wrist tendinitis. The plan of care noted involving obtaining results of nerve conduction study; undergo an orthopedic consultation for evaluation and treatment. She is prescribed a modified work duty. A primary treating follow up dated April 23, 2014 reported subjective complaint of intermittent pain in the bilateral elbows, left side greater which was described as throbbing, achy, pressure. She rated the pain as a 10 in intensity out of 10. She also complains of interrupted sleep due to the pain, depression. The following diagnoses were applied: bilateral elbow lateral epicondylitis; ulnar nerve injury (cubital tunnel syndrome bilaterally and depression. The plan of care is with standing recommendation for a course of acupuncture treatment addressing upper extremities. Current medications are: Relafen. Six prior acupuncture sessions were authorized on 8/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture with e-stimulation to the bilateral upper extremities 1 time per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

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 the trial was never completed, the provider must document that this is a request for an initial trial. Therefore six visits of acupuncture as requested are not medically necessary.