

Case Number:	CM14-0193164		
Date Assigned:	11/26/2014	Date of Injury:	03/08/2014
Decision Date:	01/13/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/18/2014

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 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 64 y/o female patient with pain complains of the left elbow. Diagnoses included left elbow epicondylitis. Previous treatments included: oral medication, physical therapy, acupuncture (unknown functional gains documented), bracing and work modifications amongst others. A request for acupuncture x6 was made on 08-01-14. As the patient continued symptomatic, a request for additional acupuncture x6 was made by the PTP. The requested care was denied on 10-20-14 by the UR reviewer. The reviewer rationale was "functional deficits are not provided for the acupuncture requested to address...in the absence of functional; deficits for acupuncture to address, the request for acupuncture versus a home exercise program, is unnecessary, unreasonable".

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient acupuncture evaluation and treatment to left elbow 2X 3 weeks consisting of electrical stimulation and hot/cold packs ,ortho/prosthetics: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines states that extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." The patient already underwent an unknown number of acupuncture sessions without any objective improvements documented (function-ADLs improvement, medication reduction, work restrictions reduction, etc). In the absence of clear evidence of significant quantifiable response to previous acupuncture care, the request for additional Acupuncture is not medically necessary.