

Case Number:	CM14-0207563		
Date Assigned:	12/19/2014	Date of Injury:	05/08/2014
Decision Date:	02/12/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/11/2014

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 a licensed Chiropractor (DC) & Acupuncturist 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:

Claimant is a 39 year old female who sustained a work related injury on 5/8/2014. Four acupuncture treatments were authorized as a trial on 11/4/2014. Prior treatments include medications, physical therapy, chiropractic, shockwave therapy, massage, traction, TENS, and acupuncture. Acupuncture notes were submitted for 38 Acupuncture treatments dated 6/11/2014, 6/20/2014, 6/27/2014, 7/9/2014, 7/16/2014, 7/18/2014, 7/23/2014, 7/25/2014, 7/30/2014, 8/6/2014, 8/8/2014, 8/13/2014, 8/20/2014, 8/22/2014, 8/26/2014, 8/28/2014, 9/4/2014, 9/8/2014, 9/9/2014, 9/15/2014, 9/16/2014, 9/18/2014, 9/22/14, 9/23/2014, 9/25/2014, 9/29/2014, 9/30/2014, 10/9/2014, 10/15/2014, 10/22/2014, 10/23/2014, 10/29/2014, 10/30/2014, 11/4/2014, 11/5/2014, 11/21/2014, 11/26/2014 and 11/28/2014. Per a PR-2 dated 11/4/2014, the claimant has pain in the low back, left elbow, left wrist, and left fingers. Physical examination reveal painful lumbar/elbow range of motion, tenderness to palpation to the lumbar paravertebral muscles, medial elbow, volar wrist, and swelling and tenderness in finger joints. His diagnoses are lumbago, rule out disc protrusion, rule out lumbar radiculitis versus radiculopathy, left ulnar nerve entrapment, rule out left lateral epicondylitis, rule out left carpal tunnel syndrome, and rule out left wrist internal derangement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1x 6 (left wrist, left elbow, left hand): 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 extensive acupuncture of unknown quantity and duration of at least 38 treatments in a six month period. The last reviewer mistakenly authorized another 4 treatments as an initial trial on 11/4/2014. Since, the provider fails to document objective functional improvement associated with acupuncture treatment, further Acupuncture is not medically necessary.