

Case Number:	CM15-0103511		
Date Assigned:	06/08/2015	Date of Injury:	05/31/2010
Decision Date:	07/07/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/29/2015

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: 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 57 year old female, who sustained industrial injuries on May 31, 2010, June 2012 and February 13, 2014. She reported left elbow pain, right hand pain, right shoulder pain, non-industrial left knee pain and right shoulder pain. The injured worker was diagnosed as having status post right shoulder surgery, status post right hand surgery, medial epicondylitis and lateral epicondylitis. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions of the right hand and right shoulder, physical therapy, medications and work restrictions. Currently, the injured worker complains of left elbow pain, right hand pain, right shoulder pain, non-industrial left knee pain and right shoulder pain with associated gastrointestinal upset secondary to medication use. The injured worker reported an industrial injury in 2010 and 2014, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. It was noted the left elbow was injured in 2010 and physical therapy was completed following the injury, with little noted benefit. She reported a right hand injury in 2012, after a coworker shut her hand in the door. She underwent a course of physical therapy and was prescribed medications without benefit. Surgical intervention of the right hand was performed on March 2013 and again on March 11, 2014. She reported her left knee buckled while descending stairs on February 13, 2014, resulting in her falling and reaching out to grab with her right hand. She reported a jerking sensation in the right shoulder and continued right shoulder pain. Acupuncture for the left elbow was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment 6 visits, left elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient underwent 8-9 acupuncture sessions in the past which according to the provider were beneficial. The gains were described by the provider as "50% improvement" (with no specifics reported), "able to decrease medication intake" (no baselines were included), and "improvement with chores" (statement that did not reflect in the records available as no specifics were afforded). The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read 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." Therefore, based on the lack of documentation demonstrating clearly medication intake reduction, work restrictions reduction, activities of daily living improvement or reporting any extraordinary circumstances to override the guidelines recommendations, the additional acupuncture x 6 fails to meet the criteria and is not medically necessary.