

Case Number:	CM15-0016198		
Date Assigned:	02/04/2015	Date of Injury:	12/06/2013
Decision Date:	11/25/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/28/2015

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 55 year old male with a date of injury on 12-06-2013. The injured worker is undergoing treatment for right DeQuervain's tendinitis, carpal tunnel syndrome, bilateral epicondylitis, and thoracic myofascial pain. Physician progress note dated 01-12-2015, and 01-16-2015 documents the injured worker is being seen for an initial visit as a transfer of care. He has constant pain in his elbows, right hand and finger. He has intermittent pain in his shoulders, upper back and upper arms. He presents with right arm pain and occasional neck pain. His pain is present constantly and worse with holding objects and squeezing his right wrist. There is pain with range of motion of his right shoulder. He is noticing episodes of locking of his elbows and shoulders with repetitive arm activities. He complains of numbness in both hands. On examination there is right shoulder restricted range of motion. There is normal sensation. There is no back tenderness to palpation and no pain with range of motion. He continues to work with restrictions. Treatment to date has included diagnostic studies, medications, chiropractic care, physical therapy, elbow banding, and acupuncture (number of visits and results of visits not known). Unofficial Magnetic Resonance Imaging of the bilateral elbows done on 04-24-2014 showed mild to moderate left and moderate to severe lateral epicondylitis, unofficial Magnetic Resonance Imaging of the right wrist done on 04-23-2014 mild thickening and scarring of extensor carpi ulnaris retinaculum and ganglion cyst with joint effusion. Left wrist Magnetic Resonance Imaging was normal. Electromyography and Nerve Conduction Velocity done on 07-08-2014 revealed right carpal tunnel syndrome. The injured worker has had acupuncture but there is no documentation present regarding the number of visits and treatment given. The Request for Authorization dated 01-12-2015 includes 16 additional acupuncture treatments for the left wrist, 2 times per week for 8 weeks, right shoulder Magnetic Resonance Imaging without contrast, a surgical consult for the right shoulder and right carpal tunnel syndrome. On 01-19-2015,

Utilization Review non-certified the request for 16 additional acupuncture treatment for the left wrist, 2 times per week for 8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 additional acupuncture treatment for the left wrist, 2 times per week for 8 weeks:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: 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." After prior acupuncture sessions x 6, the patient continues symptomatic, and no significant, objective functional improvements (quantifiable response to treatment) obtained with previous acupuncture were provided to support the reasonableness and necessity of the additional acupuncture requested. In addition the request is for acupuncture x 16, number that exceeds significantly the guidelines criteria without a medical reasoning to support such request. Therefore, the additional acupuncture is not supported for medical necessity.