

Case Number:	CM15-0130761		
Date Assigned:	07/17/2015	Date of Injury:	11/17/1977
Decision Date:	08/25/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/07/2015

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: 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 76 year old female, who sustained an industrial injury on 11/17/1977. She has reported injury to the left forearm. The diagnoses have included lesion of radial nerve. Treatments have included medications, diagnostics, injections, acupuncture, and home exercise program. Medications have included Norco and Lidocaine 5% topical ointment. A progress report from the treating physician, dated 06/03/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of pain in the left forearm; pain is rated at 6-7/10 on the pain scale; she notes having improvement of pain after four sessions of acupuncture; in the past, when she has had six or more sessions at a time, the effects have lasted much longer; she still requires the use of Norco, and without the medication, she is unable to function and perform household duties or activities of daily living; she reports being depressed; and she recently had a shingles outbreak and was treated with anti-virals. Objective findings included appears not to be in acute distress; hyperesthesia to the light touch along the radial aspect of the left forearm from the proximal forearm to the left thumb and index finger; and there is decreased grip strength on the left. The treatment plan has included the request for six acupuncture sessions. Two acupuncture visits were approved on 7/16/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six acupuncture sessions: 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 acupuncture visits with functional improvement. Two further visits were approved on 7/16/15. However, the provider fails to document objective functional improvement associated with the completion of the two additional certified acupuncture visits. If the visits were never completed, the provider must document that the claimant did not have further visits. Therefore, further acupuncture is not medically necessary as requested at this time.