

Case Number:	CM15-0138096		
Date Assigned:	07/28/2015	Date of Injury:	05/02/2008
Decision Date:	08/25/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/16/2015

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 42 year old female patient who sustained an industrial injury on 05/02/2008. A recent primary treating office visit dated 06/24/2015 reported subjective complaint of ongoing neck and left upper extremity pain. She reports doing well with current medication regimen. Current medications consist of: Motrin, Biofreeze gel, Voltaren gel, Intermezzo, and Celexa. The following diagnoses were applied: history of bilateral carpal tunnel release with persistent symptom; chronic neck, left greater ride upper extremity pain; left shoulder pain; left lateral epicondylitis, and depression secondary to chronic pain. The plan of care noted recommendation for additional acupuncture sessions, and continue medications. She is prescribed returning to regular work duty. At a primary treating follow up dated 01/28/2015, there was recommendation to administer repeat Cortisone injection for lateral epicondylitis; acupuncture sessions, and bilateral Velcro wrist splints. There was no change in the medication regiment, subjective complaint, of treating diagnoses.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 8 sessions left wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 8 acupuncture sessions for left wrist which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 8 acupuncture treatments are not medically necessary.