

Case Number:	CM15-0138850		
Date Assigned:	07/28/2015	Date of Injury:	12/31/2013
Decision Date:	08/25/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/17/2015

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 45 year old female, who sustained an industrial injury on 12/31/2013, resulting from continuous trauma. The injured worker was diagnosed as having lateral epicondylitis of the elbow. Treatment to date has included diagnostics, medications, physical therapy, massage, corticosteroid injection, and acupuncture (at least 12 sessions, 11/2014-5/2015). Currently, the injured worker complains of neck pain, elbow pain, and wrist pain, rated 8/10. Previous acupuncture records documented pain level at 6/10. Current medication regimen was not noted. An updated physical exam (after the most recent acupuncture session) was not noted. The treatment plan included additional acupuncture to the right shoulder, elbow, and wrist x6. Current work status was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 6, right shoulder, right elbow and right wrist: 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 and had subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Despite extensive acupuncture, the claimant continues to be symptomatic. Therefore, further acupuncture is not medically necessary.