

Case Number:	CM15-0145286		
Date Assigned:	08/06/2015	Date of Injury:	04/07/2010
Decision Date:	09/09/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/27/2015

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 46 year old female who sustained a work related injury April 7, 2010. Past history included right shoulder arthroscopy, 2011, carpal tunnel release, cubital tunnel release, and Guyon's canal release, all in 2011. According to sports neurology and pain management physician's progress report, dated June 12, 2015, the injured worker presented as a follow-up with complaints of upper extremity pain. Physical examination revealed improvement in right upper extremity motor function and reduced area of numbness to touch and pinprick in the right upper extremity. She completed 6 sessions of acupuncture and reports significant improvement in pain as well as reduction in area of numbness and improvement in function- ability in the right upper extremity, with use of less pain medication. Assessment is documented as other chronic pain neurovascular compression syndrome; carpal tunnel syndrome; lesion of ulnar nerve. Treatment plan included refill of Tramadol and at issue, a request for authorization for 12 sessions of acupuncture. Six additional visits were authorized on 7/14/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of acupuncture: 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 had functional improvement from her initial acupuncture trial. Afterwards, the claimant has had further acupuncture authorized. However, the provider fails to document objective functional improvement associated with the completion of the recently certified acupuncture. Therefore, further acupuncture is not medically necessary.