

Case Number:	CM15-0146071		
Date Assigned:	08/06/2015	Date of Injury:	12/03/2013
Decision Date:	09/09/2015	UR Denial Date:	07/09/2015
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:

This 47 year old woman sustained an industrial injury on 12-3-2013. The mechanism of injury is not detailed. Diagnoses include elbow medial epicondylitis, right wrist tendinopathy, possible cervical spine discopathy, and right carpal tunnel syndrome. Treatment has included oral medications and acupuncture. Physician notes on a PR-2 dated 6-15-2015 show complaints of right upper extremity pain, aching in the neck, right shoulder burning, right elbow pain, and right wrist and hand aching and stabbing pain. Recommendations include please send results of electromyogram and nerve conduction studies of the bilateral upper extremities, continue acupuncture, and follow up in six weeks. Per a Pr-2 dated 7/24/15, the claimant has had two sessions of acupuncture and states that its is not helping. Prior review states that the claimant had a complete acupuncture trial approved. It is unclear whether the claimant completed more visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Acupuncture therapy 2 times a week over 4 weeks: 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 of unknown quantity and duration with no documented benefits. Since the provider fails to document objective functional improvement associated with prior acupuncture treatment, further acupuncture is not medically necessary.