

Case Number:	CM15-0162127		
Date Assigned:	08/28/2015	Date of Injury:	03/07/2013
Decision Date:	09/30/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/19/2015

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: 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 63 year old female, who sustained an industrial injury on 3-7-13. The diagnoses have included right elbow lateral epicondylitis, right wrist extensor tenosynovitis, and right shoulder strain. Treatment to date has included medications, work modifications, diagnostics, 18 sessions acupuncture, 10 sessions physical therapy and 12 sessions occupational therapy. Currently, as per the physician progress note dated 7-6-15, the injured worker complains of right wrist pain that radiates to the elbow and rated 5 out of 10 on pain scale. The current medications included Ibuprofen cream and Mobic. The objective findings-physical exam reveals right elbow and wrist has tenderness noted over the lateral epicondyle, pain with resisted wrist extension, and 4 out of 5 strength with wrist extension. The physician notes that the injured worker has been attending acupuncture with improvement and recommends that she will benefit from a second course of acupuncture with transition to a home physical therapy program. The physician requested treatment included Acupuncture (quantity unspecified) (no duration noted).

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (quantity unspecified) (no duration noted): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Additional acupuncture treatment.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." After an unknown number of prior acupuncture sessions (reported as beneficial, no specifics reported), the patient continues symptomatic, taking oral medication and no evidence of any significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore, based on the lack of documentation demonstrating medication intake reduction, work restrictions reduction, activities of daily living improvement or reporting any extraordinary circumstances to override the guidelines recommendations, the additional acupuncture x 6 fails to meet the criteria for medical necessity.