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| Case Number: | CM15-0165098 | | |
| Date Assigned: | 09/02/2015 | Date of Injury: | 01/30/2015 |
| Decision Date: | 10/06/2015 | UR Denial Date: | 08/13/2015 |
| Priority: | Standard | Application Received: | 08/24/2015 |

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 45-year-old male, who sustained an industrial injury on 1-30-2015. He reported left elbow pain. Diagnoses have included repetitive-cumulative left elbow strain and lateral epicondylitis. Treatment to date has included physical therapy, acupuncture and medication. According to the progress report dated 8-8-2015, the injured worker complained of elbow pain. He reported that acupuncture helped. He had completed about 10 of 14 prescribed acupuncture sessions. Physical exam revealed slight tenderness over the lateral epicondyle of the left elbow. Tenderness extended to the adjacent forearm. Authorization was requested for acupuncture for the left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture times 8 visits for left elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 could support extension of acupuncture care 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." Of the fourteen sessions of acupuncture previously authorized, based on the provider report dated 08-08-15 ten were rendered, with gains reported as "helped a lot" (no specific functional gains documented). Consequently, additional eight sessions were requested. The review of records revealed that not all the sessions previously authorized were rendered; therefore, an assessment of whether additional care is needed is unknown, as the authorized care has not been completed. Secondly, no evidence of any sustained, 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. Thirdly, the request is for acupuncture x 8, number that exceeds the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture x 8 is not supported for medical necessity.