

Case Number:	CM15-0167680		
Date Assigned:	09/08/2015	Date of Injury:	02/11/2015
Decision Date:	10/07/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/26/2015

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, Montana

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 56 year old female, who sustained an industrial injury on 2-11-2015. The medical records submitted for this review did not include the details regarding the initial injury. The diagnoses included left lateral epicondylitis, left de Quervain's tenosynovitis, and left forearm strain. Treatment to date has included activity modification, anti-inflammatory, cortisone injections, physical therapy, and acupuncture treatments. Currently, she complains of ongoing pain in the left elbow and left wrist. On 8-5-15, the physical examination documented tenderness over the left lateral epicondyle and forearm musculature. The left wrist was tender with a positive Finkelsteins. A cortisone injection was provided on this date. The plan of care included a request to authorize six acupuncture treatments, twice a week for three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, Left Elbow, Forearm, Wrist, 2 times wkly for 3 wks, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 6 sessions of acupuncture for the left elbow, forearm and wrist which were non-certified by the utilization review. Medical records document decrease in pain; however, there is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 2x3 acupuncture treatments are not medically necessary.