

Case Number:	CM15-0186642		
Date Assigned:	09/28/2015	Date of Injury:	02/29/2012
Decision Date:	11/10/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/22/2015

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 54 year old male, who sustained an industrial injury on 02-29-2012. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for osteoarthritis of the hand, deQuervain's tenosynovitis, and lateral epicondylitis of the elbow. Medical records (04-14-2015 to 08-14-2015) indicate ongoing, but decreasing, intermittent pain right wrist and hand pain. Pain levels were 2 out of 10 on a visual analog scale (VAS) which frequently increased to 8 out of 10. There was a reported episodic exacerbation of right elbow pain in 07-2015. Otherwise the IW worker reports a 25% reduction in pain. Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-14-2015, revealed no objective exam findings. Relevant treatments have included: 6 physical therapy (PT) treatments, 4 acupuncture treatments, injections, work restrictions, and pain medications. Although previous acupuncture was reported, the acupuncture notes were not available for review, and there were no details provided in regards to outcome of acupuncture. The request for authorization was not available for review; however, the utilization review letter shows that the following therapy was requested: 12 sessions of acupuncture to the right hand, wrist and elbow (2x6). The original utilization review (09-03-2015) partially approved the request for 12 sessions (modified to 6 sessions) of acupuncture to the right hand, wrist and elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to right hand/wrist and elbow 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The September 3, 2015 utilization review document denied the treatment request for 12 acupuncture visits to the patient's right hand and wrist including elbow citing CA MTUS acupuncture treatment guidelines. The patient's past medical history of treatment includes medical management with medications, activity adjustments and acupuncture as well as prolotherapy. The medical records reviewed documented an acute exacerbation necessitating consideration for additional acupuncture application of which six sessions of treatment were considered reasonable and necessary. The medical necessity for initiation of 12 acupuncture visits, two visits a week for six weeks was not supported by the reviewed medical records or the criteria for consideration of additional treatment per CA MTUS acupuncture treatment guidelines. Therefore, the request is not medically necessary.