

Case Number:	CM15-0189409		
Date Assigned:	10/01/2015	Date of Injury:	08/18/2014
Decision Date:	11/16/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/25/2015

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 50 year old male with a date of injury on 08-18-2014. The injured worker is undergoing treatment for status post bicep tendon tear. Physician progress notes dated 07-29-2015 to 09-14-2015 documents the injured worker states his pain has improved to 0 out of 10. Strength, stability and range of motion are fair. There continues to be numbness and tingling and occasional recurrent swelling. There is mildly decreased sensation in the ulnar nerve distribution as well as the radial nerve distribution of the right hand and wrist to pinwheel exam. He is taking no medications. Left elbow range of motion was 0-140 degrees. He was approved for 6 acupuncture visit on 06-30-2015, and on 08-03-2015 another 6 session of acupuncture was approved. He continues to work full time light duty. Treatment to date has included diagnostic studies, medications, status post bicep tendon repair on 09-17-2014, and acupuncture, physical therapy and home exercises. On 09-23-2015 Utilization Review non-certifies the request for Acupuncture, left bicep, 2 times a week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, Left Bicep, 2 times a week for 3 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

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 twelve prior acupuncture visits with mild subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. The claimant's work restrictions remain the same. Therefore further acupuncture is not medically necessary.