

Case Number:	CM15-0199079		
Date Assigned:	10/14/2015	Date of Injury:	04/19/2011
Decision Date:	11/25/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/09/2015

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 49 year old female, who sustained an industrial injury on 4-19-2011. Medical records indicate the worker is undergoing treatment for lateral epicondylitis and right forearm extensor tendinitis. A recent progress report dated 9-9-2015, reported the injured worker complained of chronic neck, bilateral upper extremity and low back pain. Physical examination revealed the injured worker was alert, lethargic and in pain with no swelling or tenderness noted. Treatment to date has included at least 10 acupuncture visits, Hydrocodone-APAP, Prozac and Lidoderm patches. She reports the prior acupuncture gave her a 20% reduction in pain and a decrease in muscle tension. On 9-25-2015, the Request for Authorization requested 6 acupuncture treatments to the right elbow. On 10-2-2015, the Utilization Review noncertified the request for 6 acupuncture treatments to the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 acupuncture treatments to the right elbow: 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 prior extensive acupuncture of unknown quantity and duration and had subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.