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| Case Number: | CM15-0202712 | | |
| Date Assigned: | 10/19/2015 | Date of Injury: | 04/28/2012 |
| Decision Date: | 12/07/2015 | UR Denial Date: | 09/22/2015 |
| Priority: | Standard | Application Received: | 10/15/2015 |

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:

This injured worker is a 75 year old female, who sustained an industrial injury on 04-28-2012. The injured worker was diagnosed as having left elbow pain. On medical records dated 04-06-2015 and 08-14-2015, the subjective complaints were noted as left shoulder pain and elbow pain. Objective findings were noted as no redness, warmth or erythema was noted. Tenderness over the entirety of her humerus was noted. Treatment to date included acupuncture - physical therapy and medication. The injured worker was noted to be on temporary total disability. Current medications were listed as Norco. The Utilization Review (UR) was dated 09-22-2015. A Request for Authorization was dated 09-16-2015. The UR submitted for this medical review indicated that the request for additional acupuncture, 2 times a week for 6 weeks, left elbow was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture, 2 times a week for 6 weeks, left elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The September 22, 2015 utilization review document denied the treatment request for 12 additional acupuncture visits in the management of chronic left elbow discomfort citing CA MTUS acupuncture treatment guidelines. The reviewed medical records reflect prior medical management with acupuncture application of acupuncture to the patient's post-operative left elbow. The reviewed medical records failed to identify the number of completed acupuncture sessions, evidence of increased functional activities following application or evidence that medical management with medications or restricted activities of daily living improved with applied care. The reviewed medical records or compliance with CA MTUS acupuncture treatment guidelines, 12 sessions to the patient's left elbow did not support medical necessity for continuation of acupuncture care.