

Case Number:	CM15-0206578		
Date Assigned:	10/23/2015	Date of Injury:	04/04/2013
Decision Date:	12/04/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/21/2015

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 31 year old female, who sustained an industrial injury on 4-4-13. The injured worker was diagnosed as having bilateral forearm pain; lateral epicondylitis; bilateral carpal tunnel syndrome; bilateral radial. Treatment to date has included acupuncture; medications. Diagnostics studies included EMG-NCS upper extremities (10-24-13). Currently, the PR-2 notes dated 5-15-15 indicated the injured worker presents for a follow-up. The provider documents "The patient reports the pain level as 5 on a pain scale of 0-10. She describes the character of pain as constant aching pain in bilateral elbows and forearms. She states she takes ibuprofen, which helps. She has acupuncture in the past which significantly reduced her pain and is requesting bilateral elbows sleeves which help relieve pain and allow continuation of work." Objective findings for the elbow-forearm bilaterally are noted as "Range of motion is within normal limits in all planes: wrist, fingers, thumbs, elbows bilaterally; less exquisite tenderness to palpation bilateral extensor compartments right greater than left; pain to palpation bilateral lateral epicondyles; negative bilaterally Durkin's Phalen's and Tinel's; sensory examination to within tow point discrimination method within normal limits throughout." The provider's treatment plan includes a request for additional acupuncture x8 sessions for the bilateral forearms. PR-2 notes dated 5-15-15 indicate the injured worker received 4 sessions of acupuncture at this time. No other medical records indicate the total sessions of acupuncture the injured worker has participating in for this type of therapy. A Request for Authorization is dated 10-21-15. A Utilization Review letter is dated 10-9-15 and non-certification for Acupuncture, 2 times a week for 4 weeks for bilateral forearms x8. A request for authorization has been received for Acupuncture, 2 times a week for 4 weeks for bilateral forearms x8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 2 times a week for 4 weeks for bilateral forearms Qty: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand Chapter (Online Version): Acupuncture.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The utilization review document of October 9, 2015 denied the treatment request for acupuncture, two visits per week for four weeks in management of the bilateral forearms citing CA MTUS acupuncture treatment guidelines. The reviewed medical documentation reflects a prior treatment history of acupuncture, 18 sessions provided from 10/4/13 through 3/27/14 for management of bilateral forearm pain, lateral epicondylitis and bilateral carpal tunnel syndrome. The reviewed medical records failed to identify that the applied care led to evidence of functional improvement leaving additional treatment after 3/27/14 non-certified. The medical necessity for continued acupuncture management was not found in the reviewed medical records or compliant with the prerequisites for consideration of additional acupuncture per CA MTUS acupuncture treatment guidelines. No documentation was provided after completion of acupuncture care on 3/27/14 of functional improvement supporting the October 6, 2015 request for additional treatment. Therefore, the request is not medically necessary.