

Case Number:	CM15-0207191		
Date Assigned:	10/26/2015	Date of Injury:	09/18/2014
Decision Date:	12/07/2015	UR Denial Date:	09/21/2015
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: 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 56 year old female who sustained an industrial injury on 9-18-14. The injured worker reported bilateral hand and wrist pain. A review of the medical records indicates that the injured worker is undergoing treatments for cubital tunnel syndrome and bilateral elbow sprain and strain. Provider documentation dated 8-20-15 noted the work status as "remain off-work until 10-8-15". Treatment has included acupuncture treatment, home exercise program, stretching, electromyography and nerve conduction velocity study (1-5-15), and Motrin since at least April of 2015. Objective findings dated 8-20-15 were notable for tenderness to palpation. The treating physician indicates that the urine drug testing result (date) showed no aberration. The original utilization review (9-21-15) denied a request for acupuncture, left elbow, right elbow, right lower arm, right upper arm, left wrist, 2 times weekly for 4 weeks, 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, left elbow/right elbow/right lower arm/right upper arm/left wrist, 2 times weekly for 4 weeks, 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: On 05-20-15, the provider reported the patient post-six-acupuncture sessions improved and the "grip-grasp and pain", although this statement could be indicative of function improvement, is was not quantified. On 07-13-15, the provider reported the activities of daily living were reduced, the pain level was 8/10, and a request for surgery (nerve transposition) was made. On 11-02-15, the provider documented that prior acupuncture was completed and the results were described as acupuncture "provided with increased pain...not provider much relief". The guidelines indicate that the number of acupuncture sessions to produce functional improvement is 3-6 treatments and also states that extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." The patient already underwent twelve acupuncture sessions without any sustained, significant, objective improvements documented (function-activities of daily living improvement, medication reduction, work restrictions reduction, etc). In the absence of clear evidence of sustained, quantifiable response to treatment obtained with previous acupuncture care other than temporary relief and documenting the extraordinary circumstances to support a number of sessions exceeding the guidelines (x 8), the request for additional acupuncture is not supported for medical necessity.