

Case Number:	CM15-0021734		
Date Assigned:	02/11/2015	Date of Injury:	02/05/2014
Decision Date:	03/31/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/05/2015

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 male, who sustained an industrial injury on February 5, 2014. He has reported hands, wrists, elbows and forearms. The diagnoses have included bilateral radial tunnel syndrome, left lateral epicondylitis and right cubital tunnel syndrome. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies, pain medications and work duty modifications. Currently, the IW complains of hand, wrist and elbow pain. The injured worker reported an industrial injury in 2014, resulting in continued hand, wrist and elbow pain. He underwent multiple failed conservative therapies and continued to have the reported pain. On January 6, 2015, evaluation revealed continued pain. He reported a decrease in symptoms with acupuncture therapy. Further acupuncture was recommended. On January 13, 2015, Utilization Review non-certified a request for 6 additional acupuncture sessions, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 4, 2015, the injured worker submitted an application for IMR for review of requested 6 additional acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 additional Acupuncture sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 235, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The acupuncture Medical Treatment guidelines states that acupuncture may be extended if there is documentation of functional improvement. Records indicate that the patient had received in the past. It was documented that acupuncture was helpful. However, there was no documentation of functional improvement with prior acupuncture sessions. Therefore, the provider's request for 6 additional acupuncture sessions is not medically necessary at this time.