

Case Number:	CM15-0025702		
Date Assigned:	02/18/2015	Date of Injury:	09/06/2012
Decision Date:	05/05/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/10/2015

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

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 46 year old male female who sustained an industrial injury on 09/06/2012. On provider visit dated 1/23/2015 the injured worker has reported right wrist pain and numbness, she was noted to wear a brace for same. On examination, she was noted to have tenderness to the right elbow, cubital tunnel and lateral epicondyle area. Right wrist tenderness was noted as well. The diagnoses have cubital tunnel syndrome and elbow arthralgia. Treatment to date has included medication, acupuncture, electromyogram and nerve conduction studies of right upper extremity. Treatment plan included home exercise program, medication and request for acupuncture for right upper extremity. On 02/02/2015 Utilization Review non-certified outpatient acupuncture (Acu) treatment twelve (12) sessions to the right upper extremity (UE). The CA MTUS, ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

outpatient acupuncture (Acu) treatment twelve (12) sessions to the right upper extremity (UE): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The medical necessity for the requested 12 additional acupuncture treatments was not established. California acupuncture medical treatment guidelines indicate that an initial trial of 3-6 treatments can be considered appropriate. With evidence of functional improvement the need for additional acupuncture can be considered. It appears that the claimant has received acupuncture treatments prior to this request. In order to appropriately apply this guideline the amount of treatment rendered this claimant prior to this request is essential. Moreover, there is no evidence of documented quantifiable functional improvement as a result of the 12 treatments rendered this claimant prior to this request. Therefore, the medical necessity for the requested 12 acupuncture treatments was not established.