

Case Number:	CM15-0216115		
Date Assigned:	11/05/2015	Date of Injury:	05/18/1998
Decision Date:	12/18/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/03/2015

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 57 year old female, who sustained an industrial injury on May 18, 1998. The injured worker was diagnosed as having status post excision of the right volar wrist ganglion cyst with flexor carpi radialis tenosynovectomy, left cubital tunnel syndrome, right lateral epicondylitis, bilateral thumb carpometacarpal and scaphoid-trapezium-trapezoid arthrosis, rule out cervical radiculopathy, status post bilateral thoracic outlet syndrome surgeries with persistent scarring and pain, status post right cubital tunnel release, and status post right arthroscopy subacromial decompression. Treatment and diagnostic studies to date has included medication regimen and the above noted procedures. In the progress notes dated October 15, 2015 and May 07, 2015 the treating physician reports that the injured worker's "symptoms remain unchanged". Examination performed on October 15, 2015 and May 07, 2015 were revealing for decreased range of motion to the cervical spine with pain, tenderness to the trapezial, paracervical, and brachial plexus regions, positive provocative testing on the right for thoracic outlet syndrome, positive Tinel's testing on the left, positive elbow flexion testing on the left, tenderness to the volar radial region of the right wrist, and bilateral thumb carpometacarpal tenderness. The progress note from May 07, 2015 included a request for acupuncture, but the medical records provided did not contain documentation of prior acupuncture performed. On October 15, 2015, the treating physician requested for 16 sessions of acupuncture noting that the injured worker "would benefit from acupuncture", "to decrease pain, swelling, and inflammation". On November 02, 2015 the Utilization Review determined the request for 16 sessions of acupuncture to be noncertified.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 Acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read 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. Despite that sixteen prior acupuncture sessions were rendered between 11-02-15 and 10-15-15 (reported benefits: "some improvement"), the patient continues symptomatic, and no evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. Based on the providers reporting, the patient is not presenting a flare up of the condition, or a re-injury. The use of acupuncture for maintenance, prophylactic or custodial care is not supported by the guidelines-MTUS. In addition the request is for acupuncture x 16, number that exceeds significantly the guidelines without a medical reasoning to support such request. Therefore, based on the lack of documentation demonstrating medication intake reduction, work restrictions reduction, activities of daily living improvement or reporting any extraordinary circumstances to override the guidelines recommendations, the additional acupuncture x 16 fails to meet the criteria for medical necessity. The request is not medically necessary.