

Case Number:	CM15-0221604		
Date Assigned:	11/17/2015	Date of Injury:	12/09/2010
Decision Date:	12/24/2015	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	11/11/2015

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 50 year old female, who sustained an industrial injury on 12-9-10. The injured worker is undergoing treatment for chronic pain syndrome, carpal tunnel syndrome, elbow arthritis, elbow pain, and fibromyositis. On 6-23-15, and 8-21-15, she is noted to have been seen in follow up to carpal tunnel syndrome, arthritis of elbow and pain in elbow. She reported bilateral elbow pain, aching in wrists and bilateral upper extremity weakness with associated numbness and tingling in the bilateral upper extremities. She is reported as ambulating with a straight cane. Physical examination revealed an antalgic gait on left, normal posture, decreased left hand strength. The treatment and diagnostic testing to date has included home exercises, medications, and multiple completed acupuncture sessions, neck surgery (date unclear). The records indicate she "noticed improved grip strength on right side" with 3 completed acupuncture sessions. Medications have included naproxen, Norco. Current work status: unclear. The request for authorization is for acupuncture 6 sessions for RSD, bilateral carpal tunnel and cubital tunnel and with bone fragments per x-ray. "Prior sessions improved grip strength and pain progressive with each treatment". The UR dated 11-5-15: non-certified the request for acupuncture for bilateral wrists and bilateral elbows x 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for bilateral wrists and bilateral elbows X 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: According to the providers report dated 10-27-15, through prior acupuncture the patient improved the grip (not measured pre and post-acupuncture), and improved the pain (the provider noted the pain is currently severe, despite the continued intake of Norco 10 x 3/day (opiate)). 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 six prior acupuncture sessions were reported as beneficial in reducing symptoms-improving grip), the patient continues symptomatic, taking oral medication (narcotics) and no evidence of any sustained, significant, objective functional improvement (quantifiable response to treatment) was provided to support the reasonableness and necessity of the additional acupuncture requested. 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 6 fails to meet the criteria for medical necessity.