

Case Number:	CM15-0030398		
Date Assigned:	02/24/2015	Date of Injury:	09/13/2013
Decision Date:	08/06/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/18/2015

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 44 year old female, who sustained an industrial injury on 9/13/2013. The documentation submitted for this review did not include the details regarding the initial injury or a complete recollection of prior treatments to date, although, the records did include documentation from occupational therapy sessions. Currently, she complained of ongoing pain in the right elbow. On 1/16/15, the physical examination documented epicondylar tenderness and positive Tinel's sign bilaterally. The treating diagnoses included bilateral lateral epicondylitis, bilateral forearm tendinitis, and bilateral carpal tunnel syndrome. The plan of care included twelve acupuncture treatments twice a week for six weeks for bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x Wk x 6 Wks Bilateral Elbow, Bilateral forearm, and Bilateral Hand:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. Also is stated in guideline-MTUS 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. Despite that three acupuncture sessions were rendered with "some relief," no significant, objective functional improvement (quantifiable response to treatment) was provided to support the medical necessity the additional acupuncture requested. In addition the request is for acupuncture x 12, number that exceeds significantly the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture is not medically necessary.