

Case Number:	CM15-0031669		
Date Assigned:	02/25/2015	Date of Injury:	03/10/2009
Decision Date:	04/20/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/20/2015

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 56-year-old female patient, who sustained an industrial injury on 03/10/2009. A treating physicians office visit dated 12/08/2014 reported subjective complaint of still experiencing considerable pain in bilateral upper extremities; moreso on the left. The patient was given additional Norco as an analgesic and Etodalac as an Anti-inflammatory. She is remain on modified work duty, to consist of a 25 pound lifting restriction. She will be re-evaluated on 01/05/2015. A pain consultation evaluation is pending at this time. Another primary office visit dated 10/13/2014 described the patient as status post De Quervain's release in the left wrist. She is still experiencing right wrist pain as well. The recommendation at this time is to undergo a right de Qervain's release; along with acupuncture session treating the left wrist and upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electro-Acupuncture 2x6 weeks for the left wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has not had prior Acupuncture treatment. Provider requested initial trial of 2X6 acupuncture sessions, which were modified to 6 by the utilization review. Per guidelines, 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.