

Case Number:	CM15-0032586		
Date Assigned:	02/26/2015	Date of Injury:	05/01/2004
Decision Date:	04/10/2015	UR Denial Date:	02/06/2015
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 57 year old, male patient, who sustained an industrial injury on 05/01/2004. Initial treatment involved therapy, bracing, rest and cortisone injections. A primary treating office visit dated 02/03/2015 reported chief complaint of right arm and wrist pain. Recently, the pain is increased along the dorsal aspect of the right forearm. The patient continues to work fulltime. He did undergo arthroscopy of right wrist 2008 with some relief. Radiography obtained and viewed on this visit revealed right wrist with mild distal radial ulnar joint and scapho-trapezial-trapeziodal arthritic changes. A request was made for 6 sessions of acupuncture treating right tennis elbow and right radial tunnel. On, 02/06/2015, Utilization Review, non-certified the request, noting the CA MTUS, Acupuncture Guidelines were cited. The injured worker submitted an application for independent medical review of services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 6 visits right tennis elbow and right radial tunnel: Overturned

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 6 acupuncture sessions which were non-certified by the utilization review. Provider requested acupuncture concurrent with hand therapy which is within guidelines. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. 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, 6 Acupuncture visits are medically necessary.