

Case Number:	CM15-0034910		
Date Assigned:	03/03/2015	Date of Injury:	05/21/2014
Decision Date:	04/08/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/24/2015

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 40-year-old female with an industrial injury dated May 21, 2014. The injured worker diagnoses include left wrist pain, left hand pain, left elbow pain, left carpal tunnel syndrome, left cubital tunnel syndrome, and left upper extremity overuse syndrome. She has been treated with diagnostic studies, radiographic imaging, prescribed medications, acupuncture treatment and periodic follow up visits. According to the progress note dated 9/11/2014, the injured worker reported left hand, left wrist pain and left elbow pain. Physical exam revealed decreased grip strength in the left hand. Left wrist exam revealed positive median nerve compression test, positive Tinel's sign, positive Phalen's test, and obvious edema in left wrist. There were no recent treating physician reports submitted for review. The treating physician prescribed services for acupuncture 2 times a week for 3 weeks on left wrist, elbow, and shoulder. Utilization Review determination on February 17, 2015 denied the request for acupuncture 2 times a week for 3 weeks on left wrist, elbow, shoulder, citing MTUS, ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 3 weeks on left wrist, elbow, shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3-6 treatments. The guidelines also read 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." Based on the records reviewed, the patient underwent an unknown number of prior acupuncture sessions, with no benefits documented. Without any significant, objective functional improvement obtained with previous acupuncture provided to support the reasonableness and necessity of the additional acupuncture requested, the additional acupuncture x 6 is not supported for medical necessity.