

Case Number:	CM15-0056971		
Date Assigned:	04/01/2015	Date of Injury:	10/01/1999
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/25/2015

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 59-year-old female, who sustained an industrial injury on 10/1/1999. The mechanism of injury was not provided for review. The injured worker was diagnosed as having bilateral shoulder tendinitis, bilateral forearm myalgia, bilateral upper extremities overuse syndrome, bilateral carpal tunnel release, left middle finger flexor tenosynovitis and peripheral neuropathy. There is no record of a recent diagnostic study. Treatment to date has included acupuncture and medication management. In progress notes dated 11/11/2014 and 2/10/2015, the injured worker complains of pain in the shoulder and forearm and intermittent locking of hands. The treating physician is requesting an additional 12 acupuncture visits. The patient already completed 28 sessions in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 acupuncture visits: Upheld

Claims Administrator guideline: Decision based on MTUS 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 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, 28 acupuncture sessions were already completed (although reported as beneficial in reducing symptoms and medication intake, no specifics were given). The patient continues symptomatic, and no evidence of specific objective functional improvement (quantifiable response to treatment) attributable to prior acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. Based on the providers reporting dated 02-10-15, the patient is not presenting a flare up of the condition, or a re-injury, but the care is requested for pain management maintenance. The use of acupuncture for maintenance, prophylactic or custodial care is not supported by the guidelines-MTUS. 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 x 12 is not medically necessary.