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| Case Number: | CM15-0081410 | | |
| Date Assigned: | 05/04/2015 | Date of Injury: | 11/11/2010 |
| Decision Date: | 06/02/2015 | UR Denial Date: | 04/11/2015 |
| Priority: | Standard | Application Received: | 04/28/2015 |

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 male, who sustained an industrial injury on November 11, 2010. The injured worker was diagnosed as having left medial and lateral epicondylitis, left biceps tendinitis and left cubital tunnel syndrome. Treatment and diagnostic studies to date have included acupuncture. A progress note dated March 30, 2015 provides the injured worker complains of left elbow pain with good and bad days. He reports acupuncture allows him to function at a higher level. Physical exam is reported as unchanged. A report from January 15, 2015 and March 2, 2015 notes the injured worker is full duty and that he is improving. The plan is for additional acupuncture of the left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Acupuncture treatments for the left elbow: 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." After 36 prior acupuncture sessions (reported as beneficial, no specifics were supplied), no evidence of any sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. Based on the providers reporting, the patient is not presenting a flare up of the condition, or a re-injury. 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 8, number that exceeds significantly the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture x 8 is not medically necessary.