MAXIMUS Federal Services

Case Number:	CM15-0081678		
Date Assigned:	05/04/2015	Date of Injury:	08/08/2014
Decision Date:	06/02/2015	UR Denial Date:	04/02/2015
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: 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 43 year old female who sustained an industrial injury on 08/08/2014 from pulling files at work. The injured worker was diagnosed with right elbow lateral epicondylitis, right upper extremity overuse syndrome and right elbow contusion. Treatment to date includes conservative measures, hot/cold pack, elbow injection, physical therapy, acupuncture therapy and medications. According to the primary treating physician's progress report on March 26, 2015, the injured worker continues to experience right elbow pain. The right upper extremity compartments are soft and without palpable spasm. Grip strength is 0 on the right and 40 pounds on the left. There is tenderness to palpation on the lateral epicondyle and a positive wrist extension test was noted. The middle finger extension test was negative. The right and left elbow were symmetrical with very scant edema of the right elbow. There was unrestricted range of motion of the shoulders, right elbow, right wrist, thumb and all digits. There was no tenderness over the radial head with range of motion and flexion and extension of the digits caused no referred pain. Current medications were not noted. Treatment plan consists of returning to work with hourly 5 minute breaks and the current request for Acupuncture therapy two times a week for 4 weeks. Seven acupuncture treatments were approved on 3/26/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Treatment, 2 times weekly for 4 weeks, Right Elbow (8 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration and had mild subjective benefits. Recently, the claimant had seven sessions of acupuncture approved on 3/26/2015. However, the provider fails to document objective functional improvement associated with the recently approved acupuncture treatment. Therefore, further acupuncture is not medically necessary.