

Case Number:	CM15-0083490		
Date Assigned:	05/05/2015	Date of Injury:	10/08/2014
Decision Date:	06/11/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/30/2015

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 58 year old female, who sustained an industrial injury on 10/08/2014. She reported pain in her neck, bilateral shoulders, right elbow, low back, both palms, and all fingers, due to repetitive typing. The injured worker was diagnosed as having cervical sprain/strain with underlying degenerative disc disease, left shoulder sprain/strain with underlying AC (acromioclavicular) joint osteoarthritis, right shoulder sprain/strain with underlying AC joint osteoarthritis, right lateral elbow epicondylitis, bilateral hand first carpometacarpal joint pain, and lumbar spine sprain/strain with underlying degenerative disc disease. Treatment to date has included diagnostics, physical therapy, and medications. Currently, the injured worker complains of constant neck pain with spasms on the left side, constant bilateral shoulder pain (worse on left) with radiation into both upper shoulders, neck, and down to both arms, constant right elbow pain with radiation into the forearm, bilateral hand pain (left fingers worse than right), and constant low back pain with radiation to the right buttock and back of right thigh. Current medications included Amitriptyline, Glucosamine, and Ibuprofen. Exam of the bilateral elbows noted tenderness to palpation over the right lateral epicondyle. Multiple x-rays of various body parts were noted, including the bilateral elbows. Her work status was total temporary disability. The treatment plan included 12 sessions of acupuncture to the cervical spine, both shoulders, both elbows, both wrists/hands, and lumbar spine. The rationale was to decrease pain and inflammation, improve flexibility/endurance, and help with activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 acupuncture sessions for the left elbow, once a week for 12 weeks, as an outpatient:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Provider requested initial trial of 12 acupuncture sessions which were non-certified by the utilization review. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. 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, 12 Acupuncture visits are not medically necessary.