

Case Number:	CM15-0085076		
Date Assigned:	05/07/2015	Date of Injury:	08/16/2013
Decision Date:	06/10/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	05/04/2015

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:

This 47 year old female sustained an industrial injury to bilateral elbows on 8/16/13. Previous treatment included electromyography, acupuncture and medications. The number of previous acupuncture sessions was not clear. In a progress report dated 12/3/14, the injured worker reported that acupuncture had decreased her pain 9.5/10 on the visual analog scale to 6/5. The physician noted that her swelling had decreased. Her right wrist strength had increased from 18 pounds on 10/22/14 to 28 pounds on 11/5/14. Her left wrist strength had increased from 20 to 25 pounds. The injured worker was also taking 15% less pain medication. In the most recent PR-2 submitted for review, dated 1/29/15, the injured worker complained of intermittent bilateral elbow pain rated 6/10 on the visual analog scale associated with weakness down to the hands and difficulty lifting, grasping and gripping. Current diagnoses included severe ulnar neuropathy right elbow, mild ulnar neuropathy left elbow and bilateral upper extremity overuse syndrome. The treatment plan included additional acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x per week x 4 weeks (8 visits): Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guideline states that acupuncture may be extended with documentation of functional improvement. Based on the submitted documentation, there was evidence of prior acupuncture treatments. The acupuncture provider documented ongoing improvement in the patient's strength from acupuncture treatments. The acupuncture provider reported that the patient was able to improve strength on the right side from 18 pounds on 10/22/14 to 38 pounds on 1/26/2015. On the left side, the patient was able to increase from 20 pounds to 32 pounds. In addition, from improvement in strength, the patient was able to reduce her medications usage to as needed basis. Based on the documented functional improvement, the provider's request for 8 additional acupuncture sessions is medically necessary at this time.