

Case Number:	CM14-0127888		
Date Assigned:	08/15/2014	Date of Injury:	02/22/2011
Decision Date:	09/19/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/12/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 49 year old female whose date of injury is 02/22/2011. The injured worker was cleaning and slipped on the floor injuring her wrist and forearm. Treatment to date includes medication management, acupuncture, and physical therapy and right cubital tunnel release on 09/16/11. Follow up note dated 06/09/14 indicates that the injured worker complains of right shoulder, elbow and wrist pain rated as 7/10. Right elbow range of motion is 0-130 degrees. There is tenderness to palpation of the right wrist and thumb. Diagnoses are sprains of cervical spine, right shoulder, elbow, forearm and wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the clinical information provided, the request for acupuncture is not recommended as medically necessary. The request is nonspecific and does not indicate the frequency and duration of the requested treatment. The injured worker has been authorized for at least 12 sessions of acupuncture to date with 8 sessions being authorized in June. California

Medical Treatment Utilization Schedule Acupuncture Guidelines note that optimum duration of treatment is 1-2 months, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. There are no specific, time-limited treatment goals provided.