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| Case Number: | CM14-0147094 | | |
| Date Assigned: | 09/15/2014 | Date of Injury: | 09/20/2013 |
| Decision Date: | 10/15/2014 | UR Denial Date: | 09/09/2014 |
| Priority: | Standard | Application Received: | 09/10/2014 |

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 a licensed Acupuncturist and is licensed to practice in Florida. 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:

This is a year 31-year-old female who had an industrial injury on 9/20/13. Her current diagnosis (8/814) is: right upper extremity neuropathy; right forearm pain, status post bite of the right forearm; depression; rule out CRPS, gastritis; and common extensor tendinosis consistent with lateral epicondylitis. Based on the documentation provided, she was prescribed Naproxen that appears to be tolerated well. She was also prescribed transdermal compounds that caused hives, so they were discontinued. The 8/8/14 SOAP note shows that she is receiving acupuncture 2 times a week for six weeks. After reviewing the documentation provided, the records fail to demonstrate any clinical evidence of functional improvement with the prior course of acupuncture treatment. The medical necessity for the requested acupuncture sessions has not been established.

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: The patient is a 31-year old female who had an industrial injury on 9/20/13. The mechanism of the injury is unknown. She was previously diagnosed (8/814) with right upper extremity neuropathy; right forearm pain, status post bite of the right forearm; depression; rule out CRPS, gastritis; and common extensor tendinosis consistent with lateral epicondylitis. Based on the documentation provided, she is on medication that is well tolerated with the exception of transdermal compounds; these were discontinued. As per CA MTUS Acupuncture Medical Treatment Guidelines (9792.24.1) Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to expedite functional recovery. Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20 CA MTUS Acupuncture Guidelines requires clinical evidence of functional improvement for additional care to be considered. The current documentation does not provide information that the patient received any benefit from the previous acupuncture sessions, and the objective findings from the provider are unknown. Therefore the request for Acupuncture is not medically necessary.