

Case Number:	CM14-0156784		
Date Assigned:	09/26/2014	Date of Injury:	12/07/2013
Decision Date:	10/27/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/23/2014

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 Chiropractics and Acupuncture and is licensed to practice in California. 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 37 year old female who reported right pain from injury sustained on 12/07/13. Mechanism of injury was not documented in the provided medical records. There were no diagnostic imaging reports. Patient is diagnosed with wrist sprain/strain; ulnar nerve lesion and contusion of unspecified part of right wrist. Patient has been treated with medication, cubital tunnel release surgery and physical therapy. Per medical notes dated 09/01/14, patient complains of right wrist pain. Pain is rated at 3/10. She was release for full duty. Patient reports pain and "popping" of her right medial elbow just under her distal aspect of her surgical scar with an intermittent burning sensation of her left medial forearm. Examination revealed normal range of motion of the right elbow with no pain upon palpation. Provider requested initial trial of 9 acupuncture treatments for left elbow and forearm which were denied by the utilization reviewer.

IMR ISSUES, DECISIONS AND RATIONALES

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

9 Acupuncture Treatments, Left Elbow and forearm pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines Page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has not had prior Acupuncture treatment. Provider is requesting initial trial of 9 acupuncture treatments for left elbow and forearm pain. Per medical notes dated 09/01/14, patient does not report pain in the left elbow or forearm; there are no functional deficits which would necessitate care as range of motion is within normal limits. 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. Furthermore Official Disability Guidelines do not recommend acupuncture for forearm pain. Per guidelines and review of evidence, 9 Acupuncture visits are not medically necessary.