

Case Number:	CM15-0001118		
Date Assigned:	01/12/2015	Date of Injury:	07/24/2013
Decision Date:	03/11/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/05/2015

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 July 24, 2013. She has reported neck, wrist and elbow pain. The diagnoses have included depression, anxiety, somatizing, lesion of ulnar nerve, lateral epicondylitis of elbow, diabetes tenosynovitis and myofascial pain. Currently, the IW complains of upper extremity pain with numbness and tingling. The injured worker has a Transcutaneous Electrical Nerve Stimulation (TENS) unit, has had acupuncture with 20% reduction in pain, uses braces, does range of motion (ROM), and uses oral medications. Per medical notes dated 11/20/14, patient had 4 sessions of acupuncture with 20% reduction in pain, feels more relaxed, continues breathing exercises as instructed. Per medical notes dated 12/18/14, patient completed 4/4 acupuncture sessions with good progress. Provider requested additional 4 acupuncture treatments. On December 30, 2014 utilization review non-certified a request for additional acupuncture 1X week X4 weeks (4 sessions) right wrist and fingers, noting the insufficient documentation of prior acupuncture treatment. The Medical Treatment Utilization Schedule (MTUS) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated December 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture 1 times a week for 4 weeks (4 sessions), right wrist and fingers:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Per medical notes dated 11/20/14, patient had 4 sessions of acupuncture with 20% reduction in pain, feels more relaxed, continues breathing exercises as instructed. Per medical notes dated 12/18/14, patient completed 4/4 acupuncture sessions with good progress. Provider requested additional 4 acupuncture sessions which were non-certified by the utilization review. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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 or decrease in medication intake. Per review of evidence and guidelines, additional 4 acupuncture treatments are not medically necessary.