

Case Number:	CM15-0012397		
Date Assigned:	01/29/2015	Date of Injury:	12/21/2010
Decision Date:	03/18/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/21/2015

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 53 year old female, who sustained an industrial injury on December 21, 2010. The diagnoses have included carpal tunnel syndrome, ulnar nerve lesion, and medial epicondylitis, and forearm joint pain, contusion of wrist/hand, bilateral cubital tunnel syndrome anxiety, and depression. Treatment to date has included left elbow surgery in 2013, chiropractic, left wrist/hand surgery in March of 2014, H-wave, physical therapy, and medications. Currently, the injured worker complains of constant bilateral hand pain. The Primary Treating Physician's report dated December 5, 2014, noted bilateral positive tenderness in the medial elbows. On December 30, 2014, Utilization Review non-certified acupuncture three times a week for two weeks, noting absence of any clinical evidence of upper extremity deficits that acupuncture may benefit. Per a Pr-2 dated 12/5/2014, the claimant feels the same and that both hands hurt constantly. The cold weather has been hurting her more. Examination findings show decreased grip strength and tenderness in the elbows. She is not working. Per a report dated 10/16/2014, the claimant has reached maximal medical improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3 x 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. It is unclear whether the claimant had prior acupuncture. If the claimant had prior acupuncture, functional improvement must be documented to justify further acupuncture. If this is a request for an initial trial, the provider must also make clear that this is an initial trial and document why acupuncture is being requested when the claimant has reached maximal medical improvement.