

Case Number:	CM15-0016207		
Date Assigned:	02/04/2015	Date of Injury:	12/06/2013
Decision Date:	03/26/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/28/2015

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 54 year old male, who sustained an industrial injury on 12/6/2013. On 1/28/15, the injured worker submitted an application for IMR for review of 16 additional acupuncture treatments for the right wrist. The treating provider has reported the injured worker complained of constant pain in elbows, right hand and finger, intermittent pain in shoulders, upper back and upper arms. The diagnoses have included right DeQuervain's tendinitis, bilateral epicondylitis, right carpal tunnel syndrome, thoracic myofascial pain. Treatment to date has included chiropractic care, MRI bilateral elbows (4/24/14), MRI right and left wrist (4/23/14), EMG/NCs (7/8/14), TENS unit. On 1/19/15 Utilization Review non-certified 16 additional acupuncture treatment for the right wrist. The ODG Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 additional acupuncture treatment for the right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guideline states that acupuncture may be extended with documentation of functional improvement. According to the provider, the patient completed 6 acupuncture sessions. However, there was no documentation of functional improvement from the prior acupuncture sessions. Therefore, the provider's request for 16 additional acupuncture sessions for the right elbow is not medically necessary at this time.