

Case Number:	CM15-0114458		
Date Assigned:	06/22/2015	Date of Injury:	06/11/2014
Decision Date:	07/28/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/15/2015

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 43 year old female, who sustained an industrial injury on June 11, 2014. She reported bilateral elbow pain radiating to the shoulder and neck. The injured worker was diagnosed as having bilateral elbow sprain/strain, right elbow contusion and clinical epicondylitis. Treatment to date has included diagnostic studies, conservative care, acupuncture, medications and activity restrictions. Currently, the injured worker complains of right elbow pain radiating to the shoulder and neck. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on March 31, 2015, revealed continued pain as noted. She reported benefit with acupuncture. It was noted she was able to work however repetitive motion aggravated the pain. Acupuncture was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 6 weeks: Upheld

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

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. The patient has had acupuncture in the past. It was reported that acupuncture decrease pain temporarily and the patient was able to do more activities of daily living. The submitted documents did not provide objective quantifiable documentation regarding functional improvement to warrant additional acupuncture sessions. Therefore, the provider's request for 12 acupuncture session is not medically necessary at this time.