

Case Number:	CM15-0115575		
Date Assigned:	06/23/2015	Date of Injury:	05/21/1997
Decision Date:	07/22/2015	UR Denial Date:	06/03/2015
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: 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 60 year old female who sustained a work related injury May 21, 1997, described as a repetitive stress injury to the right upper extremity. Past history included s/p right epicondyle release, s/p right ulnar nerve release, s/p right carpal tunnel release, s/p left carpal tunnel release. According to a physician's initial office visit, dated May 11, 2015, the injured worker presented with complaints of aching pain around the right cervicobrachial region in the upper arm and around the medial aspect of the right elbow, with pain radiating down into the mediolateral aspect of the right hand. She reports acupuncture was beneficial in the past. Diagnoses are repetitive strain injury, s/p right and left carpal tunnel release, right common extensor tendon debridement, s/p left cubital tunnel release; myofascial pain, right upper extremity. At issue, is the request for authorization for acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 time a week for 12 weeks for the right wrist and right elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained/documentated with previous care. After prior acupuncture sessions were rendered in the past (reported as beneficial in function improvement), additional acupuncture could have been supported for medical necessity by the guidelines. The number of sessions requested (x 12) exceeds the guidelines criteria significantly without a medical reasoning to support such request. Therefore, and based on the previously mentioned (current request exceeding guidelines) the additional acupuncture x 12 is not supported for medical necessity.