

Case Number:	CM15-0122908		
Date Assigned:	07/07/2015	Date of Injury:	06/30/2014
Decision Date:	08/07/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	06/25/2015

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 50 year old female patient who sustained an industrial injury on 06/30/2014. On 01/05/2015 the patient underwent electromyogram and nerve conduction study of the upper extremities which showed mild right median sensory neuropathy at the wrist; left upper extremity nerve conduction within normal limits. A primary follow up dated 01/09/2015 reported the patient with subjective complaint of low back pain that has increased making ambulation difficult. The following diagnoses were applied: cervical/lumbar spine sprain/strain with upper extremity radiculopathy; right elbow strain/tendinitis and right carpal tunnel syndrome with a history of right release. The patient is to return to a modified work duty on 01/10/2015. She had subjective complaint of left knee pain at a follow up on 05/21/2015. She also stated having some improvement with the participation of pool therapy. The patient is to undergo a left knee ultra sound and will remain temporary totally disabled through 05/27/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, twice a week for four 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 guidelines recommend a trial of 3-6 sessions to produce functional improvement. Based on the submitted records, it appears that the patient has not received acupuncture in the past. The provider's request for 8 acupuncture session was modified to 6 which are consistent with the evidence based guidelines. Additional acupuncture session beyond the 6 visits may be necessary with documentation of functional improvement. The provider's request for 8 acupuncture session exceeds the guidelines recommendation and therefore it is not medically necessary. In addition, there was no documentation of functional improvement from the 6 authorized sessions.