

Case Number:	CM15-0174942		
Date Assigned:	09/16/2015	Date of Injury:	02/26/2013
Decision Date:	10/22/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/04/2015

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, Montana

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 69 year old male, who sustained an industrial injury on February 26, 2013, incurring left upper extremity injuries. She was diagnosed with left lateral epicondylitis, right medial epicondylitis, De Quervain's syndrome and left radial tenosynovitis. Treatment included anti-inflammatory drugs, muscle relaxants, pain medications, and activity restrictions. She underwent a left lateral epicondyle tenotomy on January 15, 2015, a left medial epicondyle tenotomy on March 10, 2015 and a left medial epicondyle tenotomy on June 24, 2015. Currently, the injured worker complained of persistent left elbow, wrist and hand pain. Her pain was aggravated with gripping movements. She noted weakness with loss of strength in the left arm with repetitive use. The treatment plan that was requested for authorization on September 4, 2015, included acupuncture for the left upper extremity. On August 18, 2015, the request for acupuncture for the left upper extremity was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the left upper extremity QTY: 4: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 4 acupuncture sessions for the left upper extremity which were non-certified by the utilization review. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 4 acupuncture treatments are not medically necessary.