MAXIMUS Federal Services

Case Number:	CM15-0029415		
Date Assigned:	02/23/2015	Date of Injury:	09/16/2014
Decision Date:	04/01/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/18/2015

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 47 year old male, who sustained an industrial injury on 9/16/14. He has reported pain in the left elbow. The diagnoses have included left medial epicondylitis. Treatment to date has included physical therapy, ice and home exercise. As of the PR2 dated 1/8/15, the injured worker reports some numbness and pain in the left hand and elbow. The treating physician requested acupuncture x 6 sessions. On 2/11/15 Utilization Review non-certified a request for acupuncture x 6 sessions. The utilization review physician cited the MTUS guidelines for acupuncture. On 2/18/15, the injured worker submitted an application for IMR for review of acupuncture x 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This patient's condition was described as "feeling better and stronger "while undergoing an independent exercise program. Per report dated 01-08-15, "the pain almost resolved". On the report dated 1-28-15 the provider requested an acupuncture trial x 6 for pain complains of unreported level, with no functional-motor-sensory deficits documented for the acupuncture to addressed and the goals for the care were not included. Based on the previously described, the requested acupuncture trial is not supported for medical necessity.