

Case Number:	CM15-0065397		
Date Assigned:	04/13/2015	Date of Injury:	07/25/2012
Decision Date:	05/12/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/07/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 55 year old male who sustained an industrial injury on 07/25/2012. He reported wrist pain. The injured worker was diagnosed as having lateral epicondylitis. Treatment to date has included an injection in the wrist, diagnostic MRI, surgery and a recommendation for a second surgery which the worker did not pursue. And work restrictions of modified activity with no lifting over 20 pounds with the left hand, no pushing or pulling over 20 pounds of force and no use of impact tools or power tools with the left hand. He is taking Ibuprofen, Prilosec, and Norco. Currently, the injured worker complains of ongoing pain in the left hand and wrist. He is currently having biofeedback training, cognitive behavioral therapy, and acupuncture. There is documentation of one visit on 03/13/2015. The request is for Acupuncture 3-6 treatments for 1-3 times per week for a period of 1-2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3-6 treatments for 1-3 times per week for a period of 1-2 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Medical Treatment Utilization Schedule-Definitions, p1 Page(s): 1.

Decision rationale: The claimant is nearly 3 years status post work-related injury and continues to be treated for chronic left hand and wrist pain. Treatments have included biofeedback, physical therapy, cognitive behavioral therapy, and acupuncture. When seen by the requesting provider, he had previously been referred for eight sessions of acupuncture and had found effective. An additional 3-6 treatments over the next 1-2 months was requested. In this case, the claimant appears to have benefited from the acupuncture treatments already provided. Guidelines allow for extension of treatment 1-3 times per week for 1-2 months, but only if there is evidence of functional improvement, meaning either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. In this case, the claimant was continued at modified duty. There was no documentation of the impact of treatment on the claimant's activities of daily living. She is being considered for further treatment including an injection. Therefore, the criteria for continued treatment are not met and the request is not medically necessary.