

Case Number:	CM15-0077914		
Date Assigned:	04/29/2015	Date of Injury:	07/11/2011
Decision Date:	05/29/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/23/2015

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 36 year old male, who sustained an industrial injury on 7/11/11. The injured worker has complaints of right elbow pain. The diagnoses have included right elbow ulnar nerve submuscular transposition and pronator lengthening; right elbow status post excision of lateral epicondylar tissue and prominent bony exostosis and cortical drilling right lateral epicondyle; right elbow cubital tunnel syndrome, mild to moderate; right elbow lateral epicondylitis and right wrist carpal tunnel syndrome, moderate. Treatment to date has included X-rays; right elbow ulnar nerve surgery to the inside part of the elbow in November 2011; post-operative therapy; right elbow surgery to the outside part in August 2012; electromyography/ nerve conduction velocity of the bilateral upper extremities and magnetic resonance imaging (MRI) of the right elbow. The request was for acupuncture for the right elbow, once weekly for six weeks. Per a report dated 3/10/2014, the claimant had acupuncture in 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the right elbow, once weekly for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.