

Case Number:	CM15-0096078		
Date Assigned:	05/26/2015	Date of Injury:	07/01/2012
Decision Date:	07/14/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/19/2015

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 33 year old female who sustained an industrial injury on 07/01/2012. Mechanism of injury was not documented. Diagnoses include injury to ulnar nerve, cervical sprain and strain. Treatment to date has included diagnostic studies, medications, and occupational therapy, acupuncture, and chiropractic sessions. She uses a Smart glove and an elbow Comfort Brace. She takes Ibuprofen for pain. The most recent physician progress note dated 02/19/2015 documents the injured worker states some of her injuries have worsened. She rates her pain as 6 out of 10 on the Visual Analog Scale. She continues to work full duty. The injured worker notes tenderness at the origin of the extensor tendon. The pain is augmented with wrist extension. The cubital tunnel is tender to palpation. Positive Tinel is noted. The treatment plan includes continuing full duty and wearing a Smart Glove and elbow sleeve. Treatment requested is for acupuncture consultation 6 treatment sessions for left elbow, forearm and wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture consultation 6 treatment sessions for left elbow, forearm and wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient states that some of her injuries have worsened. Based on the submitted documents, the patient has had acupuncture in the past. However, there was no documentation of functional improvement from prior acupuncture care. The guideline states that acupuncture may be extended with documentation of functional improvement. Based on the lack of functional improvement, additional acupuncture sessions are not warranted at this time. Therefore, the provider's request for 6 acupuncture sessions for the left elbow, forearm, and wrist is not medically necessary at this time.