

Case Number:	CM15-0099928		
Date Assigned:	06/02/2015	Date of Injury:	01/17/1997
Decision Date:	07/08/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/26/2015

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 68 year old male, who sustained an industrial injury on January 17, 1997. The injured worker was diagnosed as having bilateral medial and lateral epicondylitis and bilateral flexor tenosynovitis. Treatment to date has included physical therapy and acupuncture. A progress note dated March 31, 2015 provides the injured worker complains of bilateral arm pain. He has returned for an office visit early due to being denied therapy. Physical exam notes bilateral arm and elbow tenderness with swelling. It is noted previous acupuncture has successfully allowed the injured worker to function at a "reasonable level." There is mention of a previous qualified medical exam (QME) with a recommendation stating "He will require ongoing acupuncture for maintenance of pain and inflammation control" The plan includes acupuncture as recommended by the qualified medical exam (QME) physician. Per a PR-2 dated 5/5/15, the claimant reports continued pain that is worsening because he has had not had therapy over the last eight weeks. He has had good control of his pain as well as good function over the last 10 years with regular therapy and acupuncture. A QME recommended 80 acupuncture visits a year for ongoing maintenance in 2007. He is retired. Per an acupuncture report dated 2/6/2015, the claimant has been relatively stable with some continued periodic flare-ups. His pain levels improve about 40% following a micro-current electro-acupuncture treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 6 weeks for the bilateral wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Acupuncture 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, and a reduction of dependency on continued medical treatments or medications. The claimant has had prior extensive acupuncture of unknown quantity and duration and had subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Furthermore the claimant does not appear to be decreasing his dependence on continued treatments. Although the claimant has future medical in a QME report, independent medical review uses guidelines which require demonstration of functional improvement in order to justify continued treatment. Acupuncture for the claimant appears to be mostly aimed at temporary pain relief. Therefore further acupuncture is not medically necessary.