

Case Number:	CM13-0022208		
Date Assigned:	11/13/2013	Date of Injury:	10/13/2011
Decision Date:	02/27/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Chiropractic Medicine, and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 34-year-old female who reported an injury on 10/13/2011. The patient is diagnosed with right shoulder impingement and right medial epicondylitis. The patient was seen by [REDACTED] on 10/14/2013. Physical examination revealed diminished range of motion. Treatment recommendations included continuation of acupuncture treatment twice per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Acupuncture 2X4 Right Shoulder/Elbow/Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement includes 3 to 6 treatments with a frequency of 1 to 3 times per week. As per the documentation submitted, the patient has completed a course of acupuncture treatment.

Documentation of the previous course with total treatment duration and efficacy was not provided for review. The patient's physical examination on the requesting date of 10/14/2013 only revealed diminished range of motion. Furthermore, the request for 8 sessions of acupuncture treatment exceeds guideline recommendations. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.