

Case Number:	CM13-0030416		
Date Assigned:	12/11/2013	Date of Injury:	09/18/2009
Decision Date:	01/24/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/20/2013

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 expert reviewer is a Licensed Chiropractor and a Licensed Acupuncturist and is licensed to practice in California. 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 patient is 49 year old female with a date of injury of 9/18/2009. According to the UR letter dated 9/03/2013, the patient was diagnosed with right shoulder impingement syndrome; status post left subacromial decompression, status post bilateral carpal tunnel release (CTR), CuTR and ulnar decompression at the wrist, and bilateral forearm tendinitis. The progress report dated 7/09/2013 noted that the patient continued to have shoulder, elbows, and wrist pain. In addition, the patient noted a decreased in her arm strength. Objective findings included mild stiffness in the left shoulder with pain and at extremes of motion. Impingement sign is positive on the right and negative on the left. There was mild tenderness over the right cubital tunnel and carpal tunnel scars. There was also mild tenderness over the trapezial and paracervical tenderness. Grip strength was also diminished.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times per week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Acupuncture Treatment Guidelines.

Decision rationale: The progress report dated 7/09/2013 noted that the patient continued to have shoulder, elbows, and wrist pain. Regarding acupuncture for shoulder complaints, ACOEM Guidelines states that some small studies have supported using acupuncture, but referral is dependent on the availability of experienced providers with consistently good outcomes. However, the guidelines make no recommendation on the number of acupuncture sessions. Therefore an alternative guideline was consulted. Â§ 9792.24.1. Acupuncture Medical Treatment Guidelines recommend acupuncture for pain. The guidelines recommend a trial of 3 to 6 treatments with a frequency of 1 to 3 times a week over 1 to 2 months to produce functional improvement. Acupuncture treatments may be extended if functional improvement is documented as defined in section 9792.20(f). According to the submitted medical history, there was no evidence of the patient having received a trial of acupuncture. The patient received chiropractic care and physical therapy. Therefore a trial of 3-6 acupuncture sessions is medically necessary at this time. However, the provider has requested a total of 12 acupuncture sessions which exceeds the number of recommend visits in the guidelines; therefore, 12 acupuncture sessions is not medically necessary and is not appropriate at this time.