

Case Number:	CM13-0035946		
Date Assigned:	07/02/2014	Date of Injury:	06/19/2012
Decision Date:	09/15/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/18/2013

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. The expert reviewer is Board Certified in Chiropractic and Acupuncture 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 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/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 injured worker is a 47 year old female who reported bilateral shoulder and bilateral elbow pain from injury sustained on 06/19/12 due to repetitive injury. MRI of the left shoulder revealed full thickness vs. high grade partial tear of distal supraspinatus; Glenohumeral joint effusion and fluid within subacromial and subdeltoid space; supraspinatus and infraspinatus tendinosis and mucoid degeneration of superior glenoid labrum. MRI of the right shoulder revealed supraspinatus and infraspinatus tendinosis and posterior displacement of the humeral head. MRI of the right elbow revealed common extensor partial thickness tear and tendinosis as well as radiocapitellar joint effusion. MRI of the left elbow revealed common extensor tendinosis; humeroulnar and radiocapitellar joint effusion. Patient is diagnosed with bilateral lateral epicondylitis and bilateral shoulder tendinitis. Patient has been treated with medication, steroid injection, physical therapy and acupuncture. Per medical notes dated 01/28/13, patient complains of bilateral shoulder pain rated at 6/10. She experiences the pain 50% of the day and is aggravated by gripping, grasping, reaching, pulling and lifting. Pain is alleviated by rest, medication and activity avoidance. Patient complains of bilateral elbow pain which is rated at 9/10. Patient is recommended to undergo acupuncture 2x6. Per medical notes dated 10/09/13, patient complains of pain in bilateral elbow which comes and goes, worse with daily activities, lifting, carrying, pulling, pushing and grasping. Pain does not radiate to the hands. There is loss of grip strength and weakness in the hand. She drops objects from bilateral hands. Per medical notes dated 10/17/14, patient complains of bilateral elbow pain, she also complains of numbness near bilateral shoulder after acupuncture appointments. Prior acupuncture notes were not submitted for review. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings,

revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) ACUPUNCTURE VISITS FOR BILATERAL ELBOW.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has had prior acupuncture treatment. Per medical notes dated 01/28/13, provider had recommended acupuncture 2X6; however, previous acupuncture notes were not provided for review. Per medical notes dated 10/17/14, "patient complains of numbness near bilateral shoulder after acupuncture appointments". There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 6 acupuncture treatments are not medically necessary.