

Case Number:	CM13-0041565		
Date Assigned:	12/20/2013	Date of Injury:	07/02/2006
Decision Date:	03/11/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/11/2013

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 licensed 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 56 year old female who reported left upper extremity pain and neck pain from injury sustained on 7/2/06. On the date of injury, she slipped on a hanger and fell. An MRI dated 8/6/08 revealed multilevel disc desiccation and disc protrusions. An MRI of the left shoulder dated 3/25/10 revealed anterior/inferior labral tear. The patient was diagnosed with left lateral epicondylitis, left wrist triangle fibrocartilage complex tear, and SLAP tear. The patient has been treated with medication, acupuncture, physical therapy, and elbow and shoulder surgery. The patient had approximately six acupuncture visits. Per the acupuncture progress notes dated 12/17/12, the patient's symptoms were unchanged. Per notes dated 12/19/12, the patient experienced only temporary pain relief. Per notes dated 4/15/13, the patient experienced increased swelling and pain with increased activity at work. She had not experienced any functional or symptomatic improvement as a result of acupuncture as of that date, and she continues to have pain and flare-ups.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for acupuncture treatment twice a week for three weeks for the left elbow and wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the MTUS Acupuncture Medical treatment Guidelines, acupuncture is an option when pain medication is reduced or not tolerated. It may also be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Within 3-6 treatments, functional improvement should be noted. If so, additional sessions may be recommended. The patient has had six prior acupuncture treatments without any functional improvement; according to guidelines, more sessions cannot be recommended. The request is noncertified.