

Case Number:	CM13-0043831		
Date Assigned:	12/27/2013	Date of Injury:	04/16/2012
Decision Date:	03/06/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/31/2013

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 Acupuncture and Chiropractic, 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 45 year old female who reported left shoulder, elbow and wrist pain from an injury sustained on 4/6/12. She was injured due to cumulative trauma. An MRI of the left shoulder dated 1/18/13 revealed a partial tear of the supraspinatus and infraspinatus tendinosis. An MRI of the left elbow revealed common extensor tendinosis. An MRI of the left wrist revealed joint effusion. X-rays of the left shoulder, elbow and wrist were unremarkable. The patient was diagnosed with left shoulder tear, left elbow lateral epicondylitis, left wrist joint effusion, left hand joint effusion. She was treated with medication and acupuncture. The patient was seen for a total of eight acupuncture visits. She reported symptomatic improvement, but she lacks functional improvement. Per the acupuncture notes dated 7/12/13, the patient reported 10% improvement with treatment. There was a lack of documentation on range of motion, reduction in medication, increase in activities of daily living, or any other objective findings. The patient hasn't had any long term symptomatic or functional relief with acupuncture care, as 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:

additional acupuncture twice a week for four weeks for the left 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 and not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. When treatment starts, there should be functional improvement within 3-6 sessions. If functional improvement is documented, treatment may be extended. The patient had prior acupuncture care and reported only 10% overall improvements. There was lack of any long term symptomatic or functional improvement. Per review of evidence and guidelines, additional acupuncture is not medically necessary.