

Case Number:	CM13-0046179		
Date Assigned:	12/27/2013	Date of Injury:	09/17/2012
Decision Date:	04/18/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/12/2013

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 neck pain radiating to right shoulder with numbness and tingling to the right hand due to repetitive motion injury sustained on 09/17/12. MRI of the right shoulder revealed moderate impingement syndrome, tendinosis of rotator cuff with partial tear. MRI of right elbow revealed small joint effusion and mild tendinitis of medial collateral ligament. MRI of the right wrist revealed tear of fibrocartilage of triangular ligament. EMG was normal and NCV was abnormal consistent with right carpal tunnel syndrome. . Patient was diagnosed with right shoulder tendinitis, bursitis, impingement; right shoulder sprain/strain; right elbow sprain/strain; right lateral epicondylitis; right carpal tunnel syndrome and right wrist sprain/strain. Patient was treated with medication, chiropractic, physical therapy and is a candidate for surgery. Primary treating physician is recommending 12 initial courses of acupuncture sessions. Per notes dated 08/13/13, "the patient is found to be symptomatic to the injured areas and has positive examination findings; the patient did not find relief with the injection". Per notes dated 09/19/13, patient complaints of right shoulder pain with weakness; right elbow pain and weakness with repetitive motion; right burning wrist pain and numbness of right hand and fingers. Patient hasn't had any long term symptomatic or functional relief with conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2X WK X 6 WKS RIGHT SHOULDER/ ELBOW AND WRIST:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 555-556, 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 hasn't had prior Acupuncture treatment. Per guidelines 3-6 treatments are sufficient for initial course of Acupuncture. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) "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. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.