

Case Number:	CM13-0061571		
Date Assigned:	12/30/2013	Date of Injury:	04/04/2013
Decision Date:	03/25/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	12/05/2013

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 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 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 injured worker is a 50 year old male who reported right shoulder and elbow pain from injury sustained on 4/4/13. The patient was guiding 1,000 pound engine when the engine suddenly fell; he jumped out of the way and fell. X-rays revealed no fracture of the right shoulder or elbow. EMG reports were normal. Patient was diagnosed with shoulder joint pain, elbow joint pain and cervicgia. Patient has treated with medication, physical therapy and acupuncture. Patient was re-evaluated to determine if care has been beneficial and/or if further treatment is necessary. Per acupuncture progress notes dated 10/01/13, he had increased pain with acupuncture, may be due to cold weather. Per notes dated 10/15/13, "paint is 8/10, gained right shoulder range of motion". Per notes dated 10/22/13, "pain level is 9/10, the sensation changes in right finger come and go". Per notes dated 10/29/13, "pain is getting little bit better with acupuncture". Patient continues to have pain and flare-ups. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient hasn't had any long term symptomatic or functional relief with acupuncture care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve treatments of Acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the MTUS 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". Based on the medical records provided for review the patient has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. Patient continues to have pain and numbness. 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. The request for 12 acupuncture treatments are not medically necessary and appropriate.