

Case Number:	CM13-0065527		
Date Assigned:	01/03/2014	Date of Injury:	07/17/2013
Decision Date:	06/24/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/13/2013

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 reported left shoulder, left elbow, left knee and bilateral wrist pain from injury sustained on 7/17/13. The patient and a co-worker were delivering a washer up the stairs on a dolly which fell off and struck him in the shoulder. MRI of the shoulder revealed mild infraspinatus tendinosis without evidence of a partial tear; mild acromioclavicular joint arthrosis. Patient is diagnosed with rotator cuff tendinitis, bursitis with impingement and left elbow later epicondylitis. Patient has been treated with medication and physical therapy. Per notes dated 11/12/13, he complains of intermittent moderate pain aggravated with overhead reaching, rotation, lifting and lying on his left side. Per notes dated 11/20/13, patient complains of left trapezius/ shoulder pain that radiates into left forearm with numbness and tingling to the dorsal aspect of his hand. Patient also reports popping and clicking.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2 X 4 FOR THE LEFT SHOULDER AND LEFT ELBOW, QTY: 8.00:
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 hasn't had prior Acupuncture treatment. Per guidelines 3-6 treatments are sufficient for initial course of Acupuncture. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. 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. Therefore, the request for Acupuncture 2 X 4 for the left shoulder and left elbow is not medically necessary and appropriate.