

Case Number:	CM13-0066313		
Date Assigned:	01/03/2014	Date of Injury:	05/18/2012
Decision Date:	03/24/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/16/2013

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 physician reviewer is Board Certified in Occupational Medicine, 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:

According to the records made available for review, this is a 39-year-old female with a 5/8/12 date of injury. At the time of request for authorization for acupuncture one to two times a week for six weeks right hand/wrist, right elbow, right shoulder, there is documentation of subjective (sharp right shoulder pain and stiffness associated with overhead reaching, right elbow pain, and right wrist pain with numbness) and objective (tenderness to palpation of the acromioclavicular joint, anterior shoulder and supraspinatus, tenderness to palpation of the lateral elbow, and tenderness to palpation of the dorsal wrist) findings, current diagnoses (right shoulder impingement, right elbow lateral epicondylitis, right carpal tunnel syndrome, and right wrist sprain), and treatment to date (injections).

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1-2 x 6 weeks right hand/wrist, right elbow, right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Guidelines indicate that acupuncture may be used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to

physical rehabilitation and/or surgical intervention to hasten functional recovery, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In addition, the MTUS Acupuncture Guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Within the medical records provided for review, there is documentation of diagnoses of right shoulder impingement, right elbow lateral epicondylitis, right carpal tunnel syndrome, and right wrist sprain. However, given the documentation of a 5/8/12 date of injury, where there would have been an opportunity to have had previous acupuncture, it is not clear if this is a request for initial or additional (where acupuncture provided to date may have already exceeded guidelines regarding frequency) acupuncture. Therefore, based on the MTUS Guidelines and a review of the evidence, the request for acupuncture is not medically necessary and appropriate.