

Case Number:	CM14-0002915		
Date Assigned:	01/29/2014	Date of Injury:	04/28/2013
Decision Date:	06/19/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/08/2014

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 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 53 year old female who reported left shoulder and left elbow pain from injury sustained on 4/28/13 while she was picking up a box. MRI of the left shoulder revealed partial thickness tear of left supraspinatus tendon and left lateral epicondylitis. MRI of the left wrist was unremarkable. EMG and NCV were unremarkable. Patient was diagnosed with left shoulder adhesive capsulitis, bursitis and tendinitis; left elbow olecranon bursitis and lateral epicondylitis. Patient was treated with medication, physical therapy and acupuncture. Per notes dated 11/5/13, patient complains of constant severe pain in the left shoulder with radiating pain and numbness into upper extremity. She has constant severe pain in the left elbow and radiating throughout upper extremity. She also reported swelling to her elbow and arm. Per notes dated 1/8/14, patient complains of constant severe pain that was described as burning and sharp. Pain is aggravated by clothes touching her arm and stretching her shoulder. Her pain radiates into upper extremity with numbness. Patient complains of constant severe elbow pain aggravated by bending. Patient is currently not taking pain medication. She completed 5 acupuncture sessions and felt relief of her pain. Primary treating physician is requesting additional 6 acupuncture sessions. Previous acupuncture progress notes were not included for review. 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:

ACUPUNCTURE 3 TIMES A WEEK FOR 2 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the 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. The patient has had prior acupuncture treatment but there is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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. Per review of evidence and guidelines, 2x3 acupuncture treatments are not medically necessary.