

Case Number:	CM14-0011505		
Date Assigned:	02/21/2014	Date of Injury:	06/23/2010
Decision Date:	06/11/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/28/2014

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 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 applicant is a female who has filed a claim for an industrial injury that occurred on 6/23/10. Documented is another incident date of 12/26/12. The applicant is post-operative status from right shoulder arthroscopy and lateral epicondylitis and radial tunnel syndrome corrective surgery. Since the incident occurred, the applicant has received surgical intervention, chiropractic care, pain and anti-inflammatory medication, and ECS procedures to her cervical spine and bilateral shoulders. The mechanism of injury not provided. As of 1/16/14, date of the utilization review determination, the claims administrator denied acupuncture treatment stating acupuncture based on MTUS guidelines is used if the patient does not tolerate medication, in conjunction with physical rehabilitation program or to hasten recovery from surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TWO TIMES FOR SIX WEEKS, RIGHT UPPER EXTREMITY PAIN:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The applicant has not demonstrated an intolerance to medication, it is not clinically evident she is involved in a rehabilitation program or seeking to be involved in one, therefore, according to the MTUS guidelines 9792.24.1.1, acupuncture is not medically necessary for this applicant.