

Case Number:	CM14-0017054		
Date Assigned:	02/21/2014	Date of Injury:	10/01/2010
Decision Date:	07/30/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/10/2014

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 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 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:

This is a 32-year-old male with a date of injury of 10/1/10. On 1/21/14, he complained of neck pain rating 5/10, radiating to the right shoulder. His right shoulder pain was 5/10 and low back pain was 5/10. Right shoulder exam showed positive apprehension. The right elbow and wrist are positive for Tinel's. The diagnostic impression is right upper extremity radiculopathy. Treatment to date included medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two (2) times a week times four (4) weeks for bilateral upper extremities:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter.

Decision rationale: CA MTUS does not consistently and overwhelmingly support the use of acupuncture in the management of shoulder injuries. A specific rationale identifying why acupuncture for bilateral upper extremities, in particular the shoulder, would be required in this

patient despite lack of guideline support was not identified. There is no evidence that other, more appropriate modalities of conservative care were considered or attempted, and it is unclear why acupuncture would be the modality of choice. Notwithstanding these facts, the requested number of visits would exceed the number of initial visits ODG would recommend for an initial trial. Therefore, the request for acupuncture two times a week times four weeks for bilateral upper extremities, was not medically necessary.