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| Case Number: | CM14-0018772 | | |
| Date Assigned: | 06/13/2014 | Date of Injury: | 03/21/2013 |
| Decision Date: | 07/15/2014 | UR Denial Date: | 01/16/2014 |
| Priority: | Standard | Application Received: | 02/13/2014 |

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 Internal Medicine, and is licensed to practice in California, Colorado, Kentucky, and North Carolina. 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 50-year-old who sustained an injury to her right shoulder on March 21, 2013 while lifting a heavy box over her head. The injured worker felt a sudden pain from the right elbow to the right shoulder. The injured worker felt immediate pain in the right neck with a heating sensation down the right arm. She continued to work for the next three days before presenting to the clinic. The injured worker was placed on light duty and sent to physical therapy, which helped with range of motion, but did not help the burning pain. Physical examination noted normal contours of the neck; no tenderness in the bilateral paraspinal muscles; full range of motion around the neck; normal range of motion of the right shoulder; impingement signs negative; other special testing negative; acromioclavicular joint nontender with mildly positive cross abduction test; motor strength 5/5 throughout and with overall handgrip of the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 1X/WEEK X 1 WEEK, RIGHT SHOULDER AND ELBOW:

Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM, pages 555-556.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines recommend an initial trial of 3-6 treatments one to two times per week to determine efficacy of the modality. Acupuncture visits may be extended if functional gains are documented. Given that the injured worker would have been utilizing acupuncture treatment as an adjunct to traditional conservative treatment, medical necessity of the request for acupuncture one time a week times one week for the right shoulder and elbow has been established. The request for acupuncture right shoulder and elbow, once per week for one week, is not medically necessary or appropriate.