

Case Number:	CM14-0110055		
Date Assigned:	09/19/2014	Date of Injury:	05/17/2013
Decision Date:	11/18/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/15/2014

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 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 44 year old female who reported right wrist, right shoulder and right elbow pain from injury sustained on 05/17/13. Patient was breaking glass when one of the bottles hit her wrist causing pain, pain increased due to computer use. X-rays of right wrist revealed no fracture. Patient is diagnosed with status post de Quervain's release; radial styloid tenosynovitis of right wrist; rotator cuff sprain/ strain of right shoulder; medial and lateral epicondylitis of right elbow. Patient has been treated with medication, surgery, physical therapy and acupuncture. Per medical notes dated 04/02/14, patient complains of constant severe pain that was described as sharp. She felt numbness and tingling in the right wrist. Patient also felt that the wrist was swollen. Patient complains of right shoulder pain with occasional moderate pain that the patient described as pressure. Per medical notes dated 05/30/14, patient complains of constant severe pain that is described as sharp. Patient reported swelling, numbness and tingling. Patient complains of occasional moderate pain that is described as pressure. Patient had frequent moderate pain described as pressure and made worse by using the right hand. Patient felt numbness over the elbow. Patient has increased range of motion of shoulder with treatment. Patient completed 4 sessions of acupuncture. Provider requested additional 6 acupuncture sessions for right wrist, right elbow and right shoulder. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture sessions, 3 times a week times 2 weeks for the right wrist, right shoulder, and right elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand/wrist and forearm, Acupuncture

Decision rationale: Per MTUS- Section 9792.24.1 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". Patient has had prior acupuncture treatment. Per medical notes dated 05/30/14, patient completed 4 acupuncture sessions with increased range of motion of shoulder with treatment. Provider requested additional 6 acupuncture treatment for right wrist, right shoulder and right elbow which were modified to 5 treatments by the utilization reviewer. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. 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. Official Disability Guidelines do not recommend acupuncture for wrist pain. Per review of evidence and guidelines, 6 acupuncture treatments are not medically necessary.