

Case Number:	CM14-0136200		
Date Assigned:	09/03/2014	Date of Injury:	08/08/2013
Decision Date:	10/10/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/25/2014

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 Family Practice 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 40 year old female whose date of injury is 08/08/2013. The mechanism of injury is described as stuffing mattress covers with foam. Diagnosis is shoulder tendonitis and carpal tunnel syndrome. Treatment to date includes physical therapy, wrist support, ice therapy and x-rays. Progress report dated 07/09/14 indicates that the injured worker continues to complain of right wrist and hand pain as well as right shoulder pain. On physical examination there is +3 spasm and tenderness to the right rotator cuff muscles and right upper shoulder muscles. Speeds test was positive on the right. Supraspinatus testing is positive on the right. Neers and push button tests are positive on the right. Functional capacity evaluation dated 08/13/14 indicates that current PDL is sedentary and required PDL is heavy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3 X 2 Weeks for the Right Shoulder, Right Hand/Wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the clinical information provided, the request for acupuncture 3 x 2 weeks for the right shoulder, right hand/wrist is not recommended as medically necessary.

There is no clear rationale provided to support the requested acupuncture. The submitted records indicate that the injured worker has failed to respond to active physical therapy, and it is unclear what benefit is expected from this passive modality given that the injured worker's current physical demand level is only sedentary. There are no specific, time-limited treatment goals submitted for review. Therefore, medical necessity cannot be established in accordance with CAMTUS Acupuncture Guidelines.