

Case Number:	CM14-0139333		
Date Assigned:	09/05/2014	Date of Injury:	04/27/2013
Decision Date:	10/03/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/28/2014

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 Board Certified in Chiropractic, has a subspecialty 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 injured worker is a 44 year old female who reported left wrist and right shoulder pain from injury sustained on 04/27/13 while she was assisting a patient in a wheel chair from falling. Electrodiagnostic studies were unremarkable. Patient is diagnosed with status post left open reduction and internal fixation radius fracture and left carpal tunnel syndrome and right shoulder impingement. Per medical notes dated 07/15/14, patient complains of constant moderate to severe left wrist pain and weakness, and frequent severe right shoulder; right elbow and neck pain. Examination revealed weakness with left grip strength, limited range of motion with pain of right shoulder and left wrist. Provider is requesting initial trial of 8 acupuncture treatments. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Acupuncture Sessions for the Left Wrist and Right Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

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 not had prior Acupuncture treatment. Per guidelines, 3-6 treatments are supported for initial course of acupuncture with evidence of functional improvement prior to consideration of additional care. MTUS- Definition 9792.20 (f) 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. The provider is requesting initial trial of 8 acupuncture treatments. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Acupuncture is used as option when pain medication is reduced or not tolerated which has not been documented in the provided medical records. Furthermore, Official Disability Guidelines (ODG) does not recommend acupuncture for hand/wrist pain. Per guidelines and review of evidence, 8 acupuncture visits are not medically necessary.