

Case Number:	CM14-0158426		
Date Assigned:	10/01/2014	Date of Injury:	05/07/2013
Decision Date:	10/28/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/26/2014

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, 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 right shoulder, elbow and right wrist pain from injury sustained on 05/07/13 due to slip and fall. The MRI of the right shoulder revealed impingement with tendinosis of rotator cuff without evidence of tear. The MRI of the right wrist revealed mild osteonecrosis without evidence of fracture or destructive changes. The MRI of the right elbow revealed tendinosis of lateral collateral ligament. The patient is diagnosed with right shoulder impingement, right elbow epicondylitis and right wrist de Quervain's tenosynovitis. Patient has been treated with medication, physical therapy and has been authorized 4 acupuncture treatments previously. Per medical notes dated 06/23/14, patient complains of right shoulder pain with increased overhead movement, and right elbow swelling at night and right wrist pain. Examination revealed tenderness to palpation of lateral epicondyle. Per medical notes dated 07/21/14, patient complains of right wrist pain and right epicondyle pain which persists with physical activity. Examination revealed tenderness to palpation of dorsal aspect of wrist. Per medical notes dated 08/18/14, patient complains of continued pain in right elbow and right wrist which increases with physical activity. The right shoulder pain persisted as well with overhead extension. Primary treating physician is requesting 3 x 4 acupuncture treatments for right shoulder, right elbow and right wrist pain. According to the utilization review, patient has been authorized 4 acupuncture treatments previously; however, the outcome of treatments was not documented or if treatments were previously administered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient acupuncture treatment to the right shoulder, right elbow and right wrist, 3 x week x 4 weeks: 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 pain, 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". According to the utilization review, the patient has been authorized 4 acupuncture treatments previously; however, the outcome of treatments was not documented or if treatments were previously administered. Per medical notes dated 08/18/14, patient complains of continued pain in right elbow and right wrist which increases with physical activity. Right shoulder pain persisted as well with overhead extension. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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. Additional visits may be rendered if the patient has documented objective functional improvement. 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 or decrease in medication intake. Additionally requested visits exceed the quantity supported by cited guidelines. Furthermore, Official Disability Guidelines do not recommend acupuncture for wrist pain. Per review of evidence and guidelines, 3 x 4 acupuncture treatments are not medically necessary.