

Case Number:	CM14-0174273		
Date Assigned:	10/24/2014	Date of Injury:	02/29/2004
Decision Date:	12/03/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/20/2014

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 and 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 40 year old female who reported left shoulder, elbow and wrist pain from injury sustained on 02/29/04 after a slip and fall. X-rays of the left shoulder revealed small calcification projecting over the lateral humeral head which may represent soft tissue calcification. X-rays of the left elbow revealed soft tissue calcification anterior to the distal humeral shaft. X-rays of left wrist is unremarkable. Patient is diagnosed with adhesive capsulitis. Patient has been treated with medication, acupuncture, status post arthroscopic debridement and tennis elbow release. Per medical notes dated 05/15/14, patient complains of neck pain, frequent moderate to occasional severe, sharp pain in the right greater than left of the neck. She complains of shoulder pain which is frequent mild to severe in the shoulder, right greater than left. Pain in the left shoulder is rated at 8/10 at its worst and 4/10 at its best; left elbow pain is rated at 4/10 and left arm pain is constant. Per medical notes dated 06/23/14, patient complains of left shoulder pain rated 9/10 and increases with raising and overhead movement. Pain in left elbow pain rated 8/10 and left wrist pain dated 8/10. Patient reports acupuncture is mildly helpful with pain. Provider requested additional 6 acupuncture sessions for left shoulder, elbow and wrist. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Acupuncture Sessions for the left shoulder, elbow and wrist: 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 had prior acupuncture treatment. Per medical notes dated 06/23/14, patient reports acupuncture is mildly helpful with pain. There is lack of evidence that prior acupuncture care was of any functional benefit. 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. Per review of evidence and guidelines, 6 Acupuncture Sessions are not medically necessary.