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| Case Number: | CM14-0175059 | | |
| Date Assigned: | 11/14/2014 | Date of Injury: | 07/05/2013 |
| Decision Date: | 12/22/2014 | UR Denial Date: | 09/17/2014 |
| Priority: | Standard | Application Received: | 10/23/2014 |

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 Acupuncture Services 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 45 year old female who reported right shoulder, elbow and neck pain from injury sustained on 07/05/13. Mechanism of injury was not documented in the provided medical records. MR Arthrogram of the shoulder was unremarkable. EMG/NCV of the upper extremity was unremarkable. Patient is diagnosed with right shoulder strain, right elbow strain with lateral epicondylitis. Patient has been treated with medication, physical therapy and acupuncture. Per medical notes dated 09/08/14, patient complains of neck and right shoulder pain rated at 8/10. Patient reports less difficulty raising her right arm above shoulder level and increased range of motion. Examination revealed tenderness to palpation with limited range of motion. Patient completed 8 acupuncture treatments in the past. She reports a significant improvement in the neck with acupuncture. Provider requested additional 8 sessions for right elbow and shoulder. 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:

Acupuncture 2x4 for the 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 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 09/08/14, patient complains of neck and right shoulder pain rated at 8/10; patient completed 8 acupuncture treatments and reports a significant improvement in the neck with acupuncture. Provider requested additional 2X4 for right shoulder and right elbow. 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, 2x4 acupuncture treatments are not medically necessary.