

Case Number:	CM14-0178521		
Date Assigned:	10/31/2014	Date of Injury:	07/17/2012
Decision Date:	12/15/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/28/2014

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 68 year old female who reported neck, right shoulder, elbow, and wrist pain from injury sustained on 07/17/12 due to cumulative trauma of being a house keeper from 07/17/11-07/17/12. MRI of the right elbow revealed lateral epicondylitis. MRI of the right shoulder revealed acromioclavicular osteoarthritis. MRI of the right wrist revealed subchondral cyst formation. Patient is diagnosed with cervical musculoligamentous injury; cervical myofascitis; rule out cervical disc protrusion; right shoulder sprain/strain; right shoulder impingement syndrome; right elbow sprain/strain; right lateral epicondylitis; right wrist sprain/strain and bilateral moderate carpal tunnel syndrome. Patient has been treated with medication, therapy and acupuncture. Per medical notes dated 06/19/14, patient continues to be symptomatic. Patient mentions that her pain radiates upwards to the shoulder and tight sided neck. Per medical notes dated 09/24/14, patient complains of occasional severe 9/10 achy neck pain and stiffness. She complains of frequent severe 8/10 achy right shoulder pain; constant moderated 6/10 dull right elbow pain; severe 8/10 achy wrist pain. Patient completed 11 acupuncture sessions; provider is requesting additional 12-18 acupuncture sessions. 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 2-3 times a week for 6 weeks, Cervical spine, Right Shoulder, Elbow and Wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 09/24/14, patient complains of occasional severe 9/10 achy neck pain and stiffness. She complains of frequent severe 8/10 achy right shoulder pain; constant moderated 6/10 dull right elbow pain; severe 8/10 achy wrist pain. Patient completed 11 acupuncture sessions; provider is requesting additional 12-18 acupuncture sessions. 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. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 2-3X 6 acupuncture treatments for neck, right shoulder, elbow and wrist pain are not medically necessary.