

Case Number:	CM14-0026098		
Date Assigned:	06/13/2014	Date of Injury:	08/10/2007
Decision Date:	07/22/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	02/28/2014

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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas. 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 61-year-old male, who reported an injury to his left upper extremity as a result of assembling radios and amplifiers. A clinical note dated 08/28/13, indicated that the injured worker demonstrating 140 degrees of left shoulder flexion, 130 degrees of abduction, and 60 degrees of internal and external rotation. The injured worker completed a course of six (6) acupuncture sessions to date. A clinical note dated 01/08/14 indicated the injured worker complaining of 3/10 pain in the left upper extremity. The injured worker described a constant aching, with a burning sensation at the left hand. The injured worker utilized Tylenol for pain relief. The injured worker also complained of weakness in the left upper extremity. The injured worker stated that there was no significant inciting injury; however, there was an indication the injured worker had worked for twenty-four (24) years mechanically assembling radios and amplifiers. The strength was 4+/5 at the left shoulder. The previous utilization review dated 02/25/14, resulted in a denial for continued electro acupuncture treatments as no information was submitted regarding objective functional improvement through an initial trial of acupuncture or the need for ongoing acupuncture treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED ELECTRO-ACUPUNCTURE, MYOFASCIAL RELEASE, JOINT MOBILIZATION TIMES TWELVE (12) VISITS FOR THE LEFT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines recommend three to six (3-6) treatment of acupuncture with electrical stimulation, one to three (1-3) times per week, for one to two (1-2) months. The guidelines also indicate that acupuncture treatments may be extended if functional improvement is documented. The clinical documentation indicates the injured worker complaining of left upper extremity pain. The injured worker underwent a trial of acupuncture. However, continued acupuncture would be indicated provided that the injured worker demonstrates an objective functional improvement through the initial course of treatment. No objective data was submitted confirming positive response to the initial course of the acupuncture treatments. Therefore, it is unclear if the injured worker would benefit from additional treatment at this time.