

Case Number:	CM14-0043963		
Date Assigned:	06/20/2014	Date of Injury:	11/15/2012
Decision Date:	07/18/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/06/2014

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 a Licensed Chiropractor and Acupuncturist 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:

Claimant is a 24 year old male who sustained a work related injury on 11/15/2012. His diagnoses are right lateral epicondylitis, right carpal tunnel cyst, right index finger giant cell tumor, right shoulder pain, and right shoulder AC joint sprain/strain, and right shoulder acromioclavicular joint arthrosis. Prior treatment includes cognitive behavioral psychotherapy, physical therapy, occupational therapy, hand therapy, oral medications, acupuncture, and cortisone injections. Per a report dated 11/18/2013, the claimant has had a cortisone injection and acupuncture treatment and did not have much relief from these treatments. Per a PR-2 dated 5/9/2014, the claimant is not currently working and has bilateral shoulder pain, bilateral elbow pain with reduced range of motion and painful movement, and bilateral hand/wrist pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture therapy to the right elbow, right wrist, and right hand, 1 time a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. "Functional improvement" means a clinically significant improvement in activities of daily living or a reduction in work restrictions, medication, or dependency on continued medical treatment. The claimant has had acupuncture in the past; however the provider failed to document functional improvement associated with the completion of his acupuncture visits. In addition, acupuncture has been stated to have been ineffective. Therefore further acupuncture is not medically necessary.