

Case Number:	CM14-0048310		
Date Assigned:	07/02/2014	Date of Injury:	06/04/2007
Decision Date:	08/07/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/16/2014

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 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 59 year old female who reported right shoulder pain radiating to the neck, right elbow and hand from injury sustained on 06/04/07 while moving a patient from wheel chair to bed. Patient is diagnosed with pain in joint- shoulder and hand; carpal tunnel syndrome and ulnar nerve lesion. EMG of bilateral upper extremity revealed bilateral ulnar nerve dysfunction and less severe bilateral median nerve dysfunction at the wrist consistent with carpal tunnel syndrome. Patient has been treated with medication, epidural injection, right carpal tunnel release, physical therapy and acupuncture. Per medical notes dated 04/03/14, patient reports right shoulder pain that radiates to the neck, right elbow and right hand. Pain is rated at 7/10 and is described as aching and sharp. Medication and rest help relieve the pain. Per medical notes dated 06/04/14, she has had acupuncture and physical therapy in the past with 50% improvement in pain. Her pain gradually returned once she was unable to continue with acupuncture and physical therapy. Per medical notes dated 06/27/14, patient complains of right shoulder pain. Pain is rated at 6/10. Pain is described as aching and sharp. It radiates to the neck, right elbow and right hand. Examination revealed decreased range of motion and tenderness to palpation. 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. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture sessions for the right elbow once per week for weeks: 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. There is lack of evidence that prior acupuncture care was of any functional benefit. 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, 8 acupuncture treatments are not medically necessary.