

Case Number:	CM14-0053772		
Date Assigned:	07/07/2014	Date of Injury:	05/18/2010
Decision Date:	08/08/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/22/2014

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 47 year old female who reported neck and upper extremity pain from injury sustained on 05/18/10 due to cumulative trauma. Patient is diagnosed with cervical spine strain without radiculopathy; left elbow lateral epicondylitis; left wrist strain; De Quervain's syndrome; bilateral shoulder strain and left shoulder rotator cuff tear. MRI of the left wrist revealed triangular fibro cartilage tear; status post left wrist arthroscopy. MRI of left shoulder revealed partial rotator cuff tear. Patient has been treated with left wrist arthroscopy (2011); medication; physical therapy. Per medical notes dated 02/25/14, patient complains of intermittent moderate pain in the left shoulder with numbness and tingling in the fingers of left hand. Patient reports flare-up in pain of the bilateral wrists with radiation to the right elbow and shoulder. Patient reports having trouble driving. Per medical notes dated 03/06/14, patient complains of intermittent slight to moderate neck pain which is localized. She is reporting intermittent moderate to severe left shoulder pain with difficulty raising the left arm above shoulder level. Her right shoulder and elbow pain remains the same. Per medical notes dated 06/13/14, patient complains of constant moderate left elbow pain with stiffness. Patient states the lack of therapy for left elbow is making her stiffness and pain worse. Patient complains of numbness in the hands bilaterally, as well as in the right shoulder. Examination reveals tenderness to palpation about the right greater than the left paraspinal musculature; decreased range of motion due to complaints of discomfort and pain. Patient is a candidate for left shoulder surgery. Primary physician is requesting 8 acupuncture treatments. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) acupuncture therapy sessions: 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 hasn't had prior Acupuncture treatment. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Acupuncture is used as an option when pain medication is reduced or not tolerated which was not documented in the medical notes. There is no documentation of concurrent physical rehabilitation program to warrant treatment. Furthermore, requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, Eight (8) Acupuncture visits are not medically necessary.