

Case Number:	CM14-0053923		
Date Assigned:	07/07/2014	Date of Injury:	01/21/2011
Decision Date:	09/03/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/21/2014

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 is licensed to practice in Nevada. 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 records, presented for review indicate that this 57 year old individual was reportedly injured on January 21, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated March 10, 2014, indicated that there were ongoing complaints of bilateral shoulder and bilateral elbow pain. The physical examination demonstrated a decrease in range of motion consistent with the surgery, positive Neer's and Hawkin's tests, and that the patient is a hypertensive (140/91) individual. Diagnostic imaging studies objectified surgical changes to the shoulder, and changes of lateral epicondylitis noted with the elbow MRI. Previous treatments included multiple medications, physical therapy, acupuncture and pain management techniques. A request had been made for elbow acupuncture and was not certified in the pre-authorization process on April 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2 TIMES PER WEEK FOR 4 WEEKS (LEFT SHOULDER AND ELBOW): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the medical records provided for review, there have been a number of acupuncture sessions completed and the efficacy has not been documented. Therefore, when noting the findings in the most recent physical examination reported, and by the parameters noted in the MTUS Acupuncture Guidelines, there is no clinical indication for any additional acupuncture. Therefore, the request is not medically necessary and appropriate.