

Case Number:	CM14-0119435		
Date Assigned:	08/06/2014	Date of Injury:	02/15/2011
Decision Date:	01/02/2015	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/28/2014

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 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 36 year old female who reports pain in her left shoulder, left elbow and left wrist/hand resulting from a work related injury on 02/15/2011. Patient states that pain results from cumulative trauma. MRI of left shoulder on 09/04/2012 revealed the following: evidence of impingement with down sloping of the acromion process impinging on the supraspinatus tendon in the rotator cuff, bright signal of the central portion of the supraspinatus tendon near the insertion site which may represent a substance tear or tendinosis. MRI of the left elbow on 09/04/2012 revealed bright signal of the extensor tendon at the lateral epicondyle region compatible with lateral epicondylitis. MRI of the left wrist on 09/04/2012 revealed increased signal beneath the transverse retinaculum near the median nerve which may represent carpal tunnel syndrome. Patient is diagnosed with left shoulder sprain/strain, left elbow sprain/strain; rule out internal derangement and cubital tunnel syndrome, bilateral wrist sprain/strain; rule out internal derangement and carpal tunnel syndrome. Per physicians notes dated 06/27/2014 it appears patient rates pain in left elbow at 3/10 and pain in wrist at 3/10. Remainder of notes are handwritten and illegible. Patient has been treated with medication, Acupuncture, surgery in left wrist, physical therapy, extracorporeal shock wave therapy and left elbow brace. Primary treating physician requested 2-3 visits per week for 4 weeks which were denied. Patient has had prior acupuncture treatments; however, there is no documented functional improvement. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture: 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. Per physicians notes dated 06/27/2014 it appears patient rates pain in left elbow at 3/10 and pain in wrist at 3/10. Provider requested additional 2-3X4 acupuncture treatments which were denied by the utilization reviewer. 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. 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, the requested Acupuncture is not medically necessary.