

Case Number:	CM14-0146470		
Date Assigned:	09/15/2014	Date of Injury:	02/15/2012
Decision Date:	01/06/2015	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/09/2014

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:

The claimant is a 48 year old male who sustained a work related injury on 2/15/2012. Acupuncture notes were submitted for 6/11/2014 and 6/25/2014. Per a Pr-2 dated 7/25/2014, the claimant has constant, moderate, sharp, throbbing right shoulder pain of 5/10. He also has constant, moderate, achy, sharp left shoulder pain of 6/10. He also has intermittent, moderate, achy, throbbing bilateral wrist pain of 4/10. Both shoulders have decreased range of motion, tenderness upon palpation and positive impingement sign. There is WHSS present on bilateral wrists, decreased and painful range of motion, and tenderness to palpation on the dorsal and volar wrists. His diagnoses are bilateral shoulder impingement and myoligamentous injury, bilateral elbow strain, bilateral wrist sprain, status post bilateral wrist surgery, left carpal tunnel syndrome, sleep disturbance, and depression. He is working with restrictions. He is to continue with acupuncture treatments, shock-wave treatments, and is awaiting surgery of bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the bilateral shoulder/wrists QTY: 12.00 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration and with no documented benefits. Since, the provider fails to document objective functional improvement associated with acupuncture treatment, further acupuncture is not medically necessary. Also it is unclear if the claimant finished his authorized treatments, since only two acupuncture notes were submitted and the last report stated the claimant was to continue with acupuncture. As a result the request is considered not medically necessary.