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| Case Number: | CM14-0147619 | | |
| Date Assigned: | 09/15/2014 | Date of Injury: | 06/03/2008 |
| Decision Date: | 04/21/2015 | UR Denial Date: | 09/09/2014 |
| Priority: | Standard | Application Received: | 09/11/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 34 year old female with an industrial injury dated 03/03/2008. Her diagnosis is lateral epicondylitis, myalgia and myositis and chronic pain syndrome. She has been treated with acupuncture, extracorporeal shockwave therapy, nerve blocks, injections and physical therapy. In the progress note dated 08/29/2014 the physician reports the injured worker has received previous conservative treatment without significant improvement and continues to report symptoms of pain and decrease in function of the right shoulder. There is no record of recent MRI. She also complained of right elbow pain. The physician reports the injured worker had a decrease in pain and improved range of motion with prior acupuncture treatments. The physician is requesting acupuncture for the right upper extremity and MRI of right shoulder. Four acupuncture visits were approved on 9/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture sessions Right Upper Extremity QTY: 8.00: Upheld

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

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 recently had four acupuncture sessions authorized. However, the provider fails to document objective functional improvement associated with the completion of the recently authorized acupuncture. Therefore, further acupuncture is not medically necessary.