

Case Number:	CM14-0176498		
Date Assigned:	10/29/2014	Date of Injury:	02/26/2013
Decision Date:	03/26/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/24/2014

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 41 year old female, who sustained an industrial injury reported on 2/26/2013. She has reported radiating right shoulder and right wrist pain. The diagnoses were noted to have included right shoulder pain with rotator cuff tendonopathy; right wrist pain with possible internal derangement; and myofascial pain. Treatments have included consultations; diagnostic imaging studies; physical therapy; 6 acupuncture treatments; right shoulder and right wrist injection therapy; and medication management. The current status classification for this injured worker (IW) was noted to be working full duties. On 10/16/2014, Utilization Review (UR) non-certified, for medical necessity, the requests, made on 10/9/2014, for acupuncture 2 x a week x 4 weeks (8 sessions), right wrist and right shoulder. The Medical Treatment Utilization Schedule Guidelines, acupuncture medical treatment guidelines, shoulder complaints; American College of Occupational and Environmental Medicine guidelines, shoulder complaints, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment for the right wrist and right shoulder, 2 times a week for 4 weeks, QTY: 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture 2 sessions per week for four weeks is medically unnecessary. By MTUS guidelines, the recommended number of sessions is 3-6 before assessing functional improvement. There has to be documented functional improvement to request more sessions. There is no reasoning documented for requesting 8 additional sessions and there was also no documentation of the patient's response to previous six acupuncture treatment. Because of these reasons, the request is not medically necessary.