

Case Number:	CM14-0179987		
Date Assigned:	11/04/2014	Date of Injury:	02/02/2011
Decision Date:	01/22/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/29/2014

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 Acupuncture, has a subspecialty in Chiropractic 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:

Claimant is a 32 year old female who sustained a work related injury on 2/3/11-6/9/14. Per a report dated 9/24/2014, the claimant has pain in her right shoulder, right elbow, and right hand. She states that she has immense pain in her right elbow immediately after the epidural steroid injections. However, after four days, she had temporary pain relief. She also has intermittent, moderate to severe tightness, numbness and tingling sensation in her right wrist. She has no restrictions in range of motion or positive orthopedic tests. Her diagnoses are right upper extremity muscular tenderness strain and possible right carpal tunnel syndrome. She is released to work modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) Acupuncture 2 times a week for 4 weeks for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It appears that this is a request for an initial acupuncture trial. Evidenced based guidelines recommend a trial of acupuncture for chronic pain, but a request for 8 visits exceeds the recommended guidelines of less than six. If functional improvement is documented,

further acupuncture may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, the provider should document functional improvement as a result of the completion of acupuncture. Also the duration and total amount of visits should be submitted. It is therefore not medically necessary.