

Case Number:	CM14-0200310		
Date Assigned:	12/10/2014	Date of Injury:	02/18/2013
Decision Date:	01/27/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/01/2014

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 Board Certified in Acupuncturist, 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 39 year old female who sustained a work related injury on 2/18/2013. Six acupuncture sessions were authorized on 11/13/14. Her diagnoses are shoulder impingement, medial epicondylitis, lateral epicondylitis, elbow tenosynovitis, and shoulder/upper arm strain. Prior treatment includes right shoulder surgery, right elbow surgery, physical therapy, steroid injections, acupuncture, and medications. Per a PR-2 dated 9/22/14, the claimant has pain in the neck into the upper right extremity. Examination finds motor weakness of 3/5 in the right upper extremity, give away weakness in the shoulder and neck, limited right shoulder range of motion, positive Hawkins and Drop Arm tests, and decreased cervical range of motion. She is not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 8 sessions Cervical Spine and Right Shoulder: 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 had prior acupuncture trial and a recent acupuncture authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial or functional improvement from prior acupuncture. Therefore, the requested Acupuncture is not medically necessary.