

Case Number:	CM14-0209009		
Date Assigned:	12/22/2014	Date of Injury:	11/17/2006
Decision Date:	02/17/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/15/2014

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 Chiropractor (DC), has a subspecialty in Acupuncture 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 injured worker is a 48 year old female who reported right shoulder and bilateral elbow pain from injury sustained on 11/17/06. Mechanism of injury is not documented in the provided medical records. Patient is diagnosed with status post right shoulder arthroscopy, myofascial pain syndrome, left trapezius and shoulder girdle pain, medial and lateral epicondylitis right elbow, and ulnar neuropathy. Patient has been treated with medication, status post right shoulder arthroscopy, therapy and acupuncture. Per medical notes dated 11/04/14, patient complains of ongoing discomfort in her right shoulder and bilateral elbows. Patient also complains of pain in her left shoulder and arm. She states she has had worsening symptoms since her last appointment. The patient describes her pain as constant aching, sharp, stabbing, throbbing pain. She has increased discomfort with any activity. The patient rates her pain at rest at 8/10 and increases to 10/10 with activity. She also complains of numbness, tingling, and weakness in the right hand. Provider requested additional 8 acupuncture treatments for left shoulder and right elbow/hand/wrist which were non-certified by the utilization review dated 11/18/14. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued acupuncture Sessions (Left Trapezius/Shoulder, Right Elbow/Hand/Fingers) 1 X 8 Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has had prior acupuncture treatment. Provider requested additional 8 acupuncture treatments for left shoulder and right elbow/hand/wrist which were non-certified by the utilization review dated 11/18/14. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Requested visits exceed the quantity supported by cited guidelines. Furthermore ODG guidelines do not recommend acupuncture for hand/wrist and forearm. Per review of evidence and guidelines, additional 8 acupuncture treatments are not medically necessary.