

Case Number:	CM14-0090318		
Date Assigned:	07/23/2014	Date of Injury:	10/31/2009
Decision Date:	01/02/2015	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/16/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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:

This is a 45 year old female patient with an injury date of 10/31/2009 and unknown mechanism. An initial evaluation dated 02/25/2014 described subjective complaint of right shoulder and right forearm pain. It is noted as an intermittent pain primarily to the superior aspect of the right shoulder described as achy and tight. In addition, she has complaint of occasional radiating pain and numbness in the right forearm and wrist. Objective findings showed right shoulder range of motion within normal limits, both Supraspinatus and Hawkins'/Kennedy tests with positive results. She was diagnosed with cerviobrachial syndrome and unspecified site of elbow and forearm. The patient also noted participating in 4 treatments of acupuncture with positive outcomes reporting decreased right shoulder pain and negative Hawkins/Kennedy test. The plan of care at that time indicated an additional request of 8 acupuncture treatments. An acupuncture follow up visit dated 04/29/2014 revealed status quo regarding physical complaint and prognosis described as fair. A request for 8 additional acupuncture treatments dated 05/16/2014 noted denied by Utilization Review on 05/23/2014 as not meeting medical necessity requirements.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 8 units 1 times 8 for the upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." While there is documentation of improvement with previous acupuncture in a progress note on February 25, 2014, this level of improvement does not include functional improvement as defined by the CA MTUS. The improvement experienced by the patient includes a reduction of pain from three out of 10 to 2 out of 10 and the absence of a Hawkins's test on exam. The MTUS specifically defines functional improvement as a reduction in work restrictions or a significant improvement in activities of daily living. Other indications of functional improvement can include medication reduction. None of these are documented and this request is not medically necessary.