

Case Number:	CM15-0005230		
Date Assigned:	01/16/2015	Date of Injury:	02/12/2012
Decision Date:	03/10/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/09/2015

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: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 42 year old female who sustained an industrial related injury on 2/12/12. The injured worker had complaints of left shoulder pain and left wrist pain. Diagnoses included right shoulder sprain/strain to rule out ligamental tear and right wrist sprain/strain to rule out carpal tunnel syndrome. The injured worker was treated with physical therapy and acupuncture treatments. The treating physician requested authorization for acupuncture 2x3 for the right shoulder and right wrist. On 12/9/14 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted the functional benefits from prior acupuncture treatments were not documented. Therefore the request was non-certified. Per a report dated 3/7/2014, the claimant received acupuncture in 2011. Per a Pr-2 dated 11/19/2014, the claimant presents with left shoulder pain and left wrist pain. She currently uses compounded creams that help her decrease pain half a day. She reports limitations on activities of daily living and will start therapy on 12/3/14. The claimant is working full duty without limitations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x3 Right Shoulder, Right Wrist: 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 of unknown quantity and duration. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.