

Case Number:	CM15-0013579		
Date Assigned:	02/13/2015	Date of Injury:	01/20/2010
Decision Date:	04/17/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/23/2015

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 61 year old male, who sustained an industrial injury on January 20, 2010. The mechanism of injury is not indicated in the records available for this review. The injured worker was diagnosed as having bilateral shoulder arthropathy, post-operative bilateral carpal tunnel release, and post-operative bilateral ulnar transposition, left elbow contracture, residual bilateral carpal tunnel syndrome, bilateral upper extremity overuse syndrome, bilateral elbow contracture, and cervical spondylosis. Treatment to date has included medications. Currently, the injured worker complains of continued right shoulder pain with radiation into the right hand, and weakness. A PR-2 on December 22, 2014, indicates he is only taking over the counter medications for pain. Physical findings are noted as restricted range of motion of the right shoulder, and well healed surgical scars on the wrists and elbows.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Acupuncture sessions for bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Acupuncture.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute and Chronic).

Decision rationale: The Official Disability guidelines recommends acupuncture as an option for rotator cuff tendonitis, frozen shoulder, sub acromial impingement syndrome, and rehab following surgery. The guideline states that with evidence of objective functional improvement, the guideline recommends up to a total of 8-12 visits over 4-6 weeks. The patient received acupuncture in the past. There was no documentation of objective functional improvement gained from prior acupuncture sessions. Therefore, the provider's request for 8 acupuncture sessions for the bilateral upper extremities is not medically necessary at this time.