

Case Number:	CM15-0133909		
Date Assigned:	07/22/2015	Date of Injury:	04/01/2013
Decision Date:	08/18/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/10/2015

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 37 year old female, who sustained an industrial injury on 4/1/2013. The mechanism of injury is unknown. The injured worker was diagnosed as having right shoulder arthroscopy, bilateral elbow epicondylitis and bilateral carpal tunnel syndrome. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 6/18/2015, the injured worker complains of bilateral shoulder, elbow and wrist pain with right shoulder pain rated 6/10. Physical examination showed right shoulder improvement in pain intensity and frequency. The treating physician is requesting 6 sessions of acupuncture to the right shoulder. Per an acupuncture report dated 4/21/15, the claimant has completed 6 acupuncture visits with no change in VAS, GPI, grip strength, sleep, or medications. Range of motions are mostly illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 3 weeks for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, 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.