

Case Number:	CM15-0142622		
Date Assigned:	08/03/2015	Date of Injury:	09/29/2011
Decision Date:	09/02/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/22/2015

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:

This 41 year old female sustained an industrial injury to the right shoulder and bilateral wrists on 9-27-11. Previous treatment included bilateral carpal tunnel release, bracing, physical therapy, chiropractic therapy, acupuncture and medications. The amount of previous therapy was unclear. Documentation did not disclose recent magnetic resonance imaging. In a progress note dated 6-24-15, the injured worker complained of right shoulder, left sided trapezius, bilateral elbow and bilateral wrist pain, rated 7 out of 10 on the visual analog scale. Physical exam was remarkable for tenderness to palpation over the left trapezius area with full range of motion, decreased sensation to the C5-6 distribution, tenderness to palpation to bilateral medial epicondyles and decreased right wrist extensor strength with pain upon resisted wrist flexion. Current diagnoses included cervical strain, C6 radiculitis, bilateral medial epicondylitis, myofascial pain syndrome, status post right shoulder surgery and status post bilateral carpal tunnel release. The treatment plan included electromyography and nerve conduction velocity test bilateral upper extremities and acupuncture twice a week for three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for right shoulder QTY: 6.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 6 acupuncture sessions for the right shoulder which were non-certified by the utilization review. 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. Per review of evidence and guidelines, 6 acupuncture treatments are not medically necessary.