

Case Number:	CM15-0145493		
Date Assigned:	08/06/2015	Date of Injury:	07/24/2014
Decision Date:	09/09/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/29/2015

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 51 year old female, who sustained an industrial injury on July 24, 2014, incurring right shoulder and right elbow injuries from repetitive painting in his job duties. She was diagnosed with a right shoulder impingement syndrome, right shoulder sprain, right shoulder tenosynovitis, right elbow sprain and strain and right lateral epicondylitis. Treatment included pain medications, anti-inflammatory drugs, acupuncture, topical analgesic cream, steroid injections, and activity restrictions. Electromyography studies revealed bilateral median axonal neuropathies and cervical radiculopathy. Currently, the injured worker complained of constant sharp right shoulder pain aggravated by reaching. She noted decreased range of motion, cramping and weakness of the right shoulder and right elbow. The treatment plan that was requested for authorization included additional acupuncture therapy to the right shoulder and right elbow. Per a PR-2 dated 4/6/15, the claimant has had 15 acupuncture sessions with relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture therapy, twice weekly for 4 weeks, right shoulder/right elbow, per 06/01/2015 order qty: 8: 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 extensive acupuncture of unknown quantity and duration and had subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.