

Case Number:	CM15-0186733		
Date Assigned:	09/28/2015	Date of Injury:	04/09/2015
Decision Date:	11/09/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/22/2015

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: 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 39 year old female, who sustained an industrial injury on 04-09-2015. The injured worker is currently able to work with modifications. Medical records indicated that the injured worker is undergoing treatment for shoulder pain, elbow pain, and knee pain. Treatment and diagnostics to date has included home exercise program and medications. Current medications include Tylenol #3, Robaxin, and Motrin. After review of progress notes dated 08-13-2015 and 08-23-2015, the injured worker reported right wrist, elbow, shoulder, neck, and low back pain rated 3-7 out of 10. Objective findings included normal gait, paraspinal muscle spasms with tender areas over the facet joint, and limited range of motion noted on 08-13-2015 progress report. The request for authorization dated 08-20-2015 requested acupuncture 8 sessions and orthopedic referral for shoulder pain, elbow pain, and knee pain. The Utilization Review with a decision date of 08-27-2015 modified the request for acupuncture x 8 sessions for bilateral elbows, shoulders, and wrists to 4 sessions of acupuncture to bilateral elbows, shoulders, and wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture X 8 Sessions for Bilateral Elbows, Shoulders And Wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007

Decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone acupuncture care. Given the patient continues symptomatic an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the provider requested initially 8 sessions, number that exceeds the guidelines recommendations without documenting any extraordinary circumstances, the request is seen as excessive, therefore is not medically necessary.