

Case Number:	CM15-0197929		
Date Assigned:	10/13/2015	Date of Injury:	05/27/2014
Decision Date:	11/20/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/08/2015

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 43 year old female, who sustained an industrial injury on 5-27-14. The injured worker is being treated for right shoulder internal derangement, right elbow sprain-strain; rule out right elbow internal derangement and depression. Treatment to date has included shockwave therapy, activity modifications, physical therapy and acupuncture (without documentation of improvement in pain or function). On 8-11-15 and 8-21-15, the injured worker complains of intermittent moderate right shoulder pain, intermittent moderate right elbow pain and depression. She is currently not working. Physical exam performed on 8-11-15 and 8-21-15 revealed decreased range of motion of right shoulder with tenderness to palpation of lateral shoulder and posterior shoulder and supraspinatus press causes pain; tenderness to palpation of olecranon process of right elbow and there are psychological complaints. The treatment plan in 8-21-15 included shockwave therapy 6 sessions, 6 sessions of acupuncture, follow up visit and follow up with psychologist. On 9-8-15 request for 6 sessions of acupuncture was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 times a week for 6 weeks, for the right shoulder, right elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. After twelve prior acupuncture sessions, the patient continues symptomatic, and no evidence of any significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore, based on the lack of documentation demonstrating medication intake reduction, work restrictions reduction, activities of daily living improvement or reporting any extraordinary circumstances to override the guidelines recommendations, the additional acupuncture x 6 is not medically necessary.