

Case Number:	CM15-0199332		
Date Assigned:	10/14/2015	Date of Injury:	08/03/1999
Decision Date:	12/01/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/09/2015

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, Montana
 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 61 year old female with a date of injury on 08-03-1999. The injured worker is undergoing treatment for chronic symptoms of right carpal tunnel syndrome, right wrist tendonitis, right elbow lateral epicondylitis and right shoulder tendonitis. A physician progress note dated 08-24-2015 documents the injured worker has finished 6 sessions of acupuncture. She continues to experience pain over the right upper extremity, mostly at the right elbow and wrist. She has numbness and tingling in the hands. Her right hand feels weak. She feels acupuncture treatments have been beneficial; however, she still has symptoms and feels that she needs more sessions. She is using Voltaren Gel for local application, which is helping. She also takes Celebrex occasionally as needed for pain. She has right wrist full range of motion without pain. There is tenderness to palpation over the dorsal aspect of the wrist at the second and third dorsal compartment, and volar wrist. Tinel's sign is positive at the wrist. Her right elbow has full range of motion without pain. There is tenderness to palpation over the lateral epicondyle and over the extensor forearm. Right shoulder has full range of motion and no pain. There is tenderness to palpation over the anterior and posterior shoulder. Impingement signs are negative. She is not working. Treatment to date has included diagnostic studies, medications, 6 acupuncture visits, and home exercises. Medications include Voltaren gel, and Celebrex. The Request for Authorization includes acupuncture for the right wrist, elbow and shoulder 1 time a week for 6 weeks. On 09-08-2015 Utilization Review non-certified the request for Acupuncture treatment for the right wrist, elbow and shoulder 1 time a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment for the right wrist, elbow and shoulder 1 time a week for 6 weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, and Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 6 acupuncture sessions which were non-certified by the utilization review. Medical records discuss improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. 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.