

Case Number:	CM15-0023720		
Date Assigned:	02/13/2015	Date of Injury:	04/09/2007
Decision Date:	04/08/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/09/2015

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: Ohio

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 52 year old female who sustained an industrial injury on 4/9/07. The injured worker reported symptoms in the bilateral upper extremities. The diagnoses included epicondylitis lateral status post right release, epicondylitis medial status bilateral releases, carpal tunnel syndrome status post carpal tunnel release, lesion ulnar nerve, pain in joint shoulder status post multiple surgeries, and bilateral shoulders pain. Treatments to date include bracing, left shoulder surgery, right shoulder surgery, right elbow surgery, bilateral carpal tunnel release, left elbow medial epicondyle surgery, and oral pain medication. In a progress note dated 2/2/15 the treating provider reports the injured worker was with decreased range of motion in the shoulders, "medial and lateral epicondylar tenderness bilaterally motor exam of the bilateral upper extremities cannot be carried out secondary to guarding." On 1/28/15 Utilization Review non-certified the request for Acupuncture, 12 sessions, bilateral upper extremities. The MTUS, acupuncture medical treatment guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 12 sessions, bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The report dated 2/2/15 states of the patient has had acupuncture in the past with significant benefit in terms of pain relief and functional improvement. Provider also states they do not have previous acupuncture progress notes for review. MTUS acupuncture medical treatment guidelines state that acupuncture treatments may be extended to functional improvements documented. Based on the acupuncture medical treatment guidelines and the lack of objective functional improvement, the request for acupuncture 12 sessions, for the bilateral upper extremities is not medically necessary.