

Case Number:	CM15-0029556		
Date Assigned:	02/23/2015	Date of Injury:	02/19/2014
Decision Date:	04/07/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/18/2015

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 47 year old female who sustained a work related injury February 19, 2014, to her right 5th pinky digit. According to a physician's progress evaluation, dated December 24, 2014, the injured worker presented with a flare-up of right shoulder pain, 8-9/10, radiating down to the right elbow. She is currently under physiotherapy two times a week and acupuncture two times a week for the right wrist. This injury occurred May 23, 2014, after a box weighing approximately 20-30 pounds fell on her right shoulder. An MRI of the right shoulder (report not present in medical record), reveals tear of the supraspinatus tendon, near the insertion site, with fluid in the subacromial-subdeltoid bursa indicating a full thickness tear. An x-ray of the right hand dated October 16, 2014(report present in medical record), reveals buckling fractures involving the medial and lateral aspects of the metaphysis of the distal radius with narrowing of the radiocarpal joint space. The right hand 5th digit noted edema and tenderness to the DIP (distal interphalangeal joints), and tenderness to the PIP (proximal interphalangeal joints). Diagnoses included shoulder bursitis and tendonitis; impingement syndrome of shoulder and rotator cuff tear, right shoulder. Treatment plan included finger splint to stabilize extension position, acupuncture for right hand pain medication and follow-up with hand surgeon and right shoulder arthroscopy. A physician's secondary evaluation, performed January 21, 2015, found the injured worker with palpable tenderness at the right anterior and posterior shoulder and right anterior and posterior wrist. Treatment plan included acupuncture 2 x 6. According to utilization review dated January 28, 2015, the request for Acupuncture Treatment 2 x week for 6 weeks is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Treatment 2x a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines states that acupuncture may be extended with documentation of functional improvement. Per the progress report dated 12/24/2014, the provider noted that the patient was doing acupuncture two times per week for the right wrist. The provider noted that activities of daily living were increased with acupuncture therapy. However, there was no objective quantifiable documentation regarding functional improvement. Therefore, the provider's request for acupuncture twice a week for 6 weeks is not medically necessary at this time.