

Case Number:	CM15-0042398		
Date Assigned:	03/12/2015	Date of Injury:	01/17/2014
Decision Date:	04/22/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/06/2015

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 58 year old female, who sustained an industrial injury on January 17, 2014. She reported an acute onset of left shoulder pain. The injured worker was diagnosed as having impingement syndrome of left shoulder with rotator cuff tendonitis, possible tear and possible internal derangement. Treatment to date has included, surgery, physical therapy, diagnostic studies and medications. On February 25, 2015, the injured worker complained of frequent spasms in her left bicep and pain radiating from the mid upper arm all the way down to the left hand. There is frequent stiffness of the entire left arm and radiating aching pain resulting in numbness to the left thumb. She stated that her range of motion in the left shoulder is quite better since her surgery although she still has difficulties with activities. The treatment recommendations included an MRI arthrogram of the left shoulder, injection of corticosteroid into the subacromial space or area around the bicipital tendon sheath, consideration of a bicipital tenodesis and medications. Provider requested initial trial of 12 acupuncture sessions which were modified to 6 by the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Acupuncture, 12 sessions, to the left arm/left hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 275, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand, wrist and forearm/ Acupuncture.

Decision rationale: Provider requested initial trial of 12 acupuncture sessions which were modified to 6 by the utilization review. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS Definition 9792.20 (f) 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. Per ODG and ACOEM guidelines, acupuncture is not recommended for hand/wrist and forearm pain. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.