

Case Number:	CM15-0049340		
Date Assigned:	03/23/2015	Date of Injury:	07/09/2012
Decision Date:	05/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/16/2015

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 32-year-old female, who sustained an industrial injury on 7/9/2012. She reported injury to the right arm, hand, shoulder neck and back after her arm was pulled into a machine. The injured worker was diagnosed as having open reduction-internal fixation of right radius/ulna fracture, cervical sprain/strain, thoracic sprain/strain, lumbar sprain/strain, shoulder sprain/strain, depression, insomnia and right shoulder impingement syndrome. Recent lumbar magnetic resonance imaging was negative, right shoulder magnetic resonance imaging showed infraspinatus partial tendon tear, right wrist magnetic resonance imaging showed possible carpal tunnel syndrome and a cartilage tear and left shoulder x ray showed no abnormalities. Treatment to date has included acupuncture, chiropractic care and medication management. Currently, the injured worker complains of neck and right hand pain. In a progress note dated 1/29/2015, the treating physician is requesting acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

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." Extensive acupuncture (20+ sessions) was performed in the past without reporting any functional benefits obtained, consequently additional acupuncture is not supported for medical necessity by the guidelines-MTUS. Therefore, the request is not medically necessary.