

Case Number:	CM15-0057780		
Date Assigned:	04/02/2015	Date of Injury:	11/21/2013
Decision Date:	05/07/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/26/2015

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:

This 32-year-old female sustained an industrial injury to the bilateral shoulders, right wrist/hand and bilateral knees on 11/21/13. Previous treatment included x-rays, magnetic resonance imaging, electromyography, acupuncture, injections, bracing, ice and medications. In a PR-2 dated 2/12/15, the injured worker complained of ongoing right shoulder, bilateral knee and right hand pain. The injured worker reported that rest, icing, medications and acupuncture relieved the shoulder pain. Current diagnoses included right shoulder impingement syndrome, right cubital tunnel syndrome, right lateral epicondylitis, right carpal tunnel syndrome and bilateral knee contusions. The treatment plan included acupuncture twice a week for four weeks and medications (Anaprox Ds, Prilosec, Ultram and Neurontin).

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Acupuncture Sessions for The Right Shoulder, Right Elbow and Right 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: Patient has had prior acupuncture treatment. Provider requested additional 8 acupuncture sessions which were non-certified by the utilization review. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. 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. ODG and ACOEM guidelines do not recommend acupuncture for hand pain. Per review of evidence and guidelines, additional 8 acupuncture treatments are not medically necessary.