

Case Number:	CM14-0109195		
Date Assigned:	08/01/2014	Date of Injury:	10/18/2011
Decision Date:	09/03/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/14/2014

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. The expert reviewer is a licensed Doctor of Chiropractic, has a subspecialty in Acupuncture, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 41 year old female who reported neck, right shoulder and elbow pain from injury sustained on 10/18/11 due to cumulative trauma. There were no diagnostic imaging reports. Patient is diagnosed with unspecified myalgia and myositis; lateral epicondylitis (right); cervical radiculitis; chronic pain syndrome and acromioclavicular pain. Patient has been treated with medication, therapy and injections. Per medical notes dated 02/10/14, patient states her pain reduced after trigger point injection. It helped for 1 week. Pain is decreased from 7/10 to 5/10. Per medical notes dated 06/16/14, patient complains of moderate right shoulder pain with aching and throbbing right neck pain. She has pain of medial right elbow. Patient has pain with reaching and grasping. She has occasional pain with head turning. Examination revealed restricted range of motion and tenderness to palpation on areas of complaint. Provider is requesting initial trial of 6 acupuncture treatments for the right elbow and right shoulder which are supported by guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture right shoulder and right elbow 2 x 3: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 204, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Acupuncture guidelines, shoulder chapter.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines Page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has not had prior Acupuncture treatment. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Provider is requesting initial trial of 6 acupuncture treatments concurrent with aquatic therapy which is supported by 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 guidelines and review of evidence, 6 Acupuncture visits are medically necessary.