

Case Number:	CM14-0109369		
Date Assigned:	08/01/2014	Date of Injury:	07/20/2012
Decision Date:	10/09/2014	UR Denial Date:	06/13/2014
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 Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 50 year old gentleman was reportedly injured on July 20, 2012. The mechanism of injury is noted as washing large tanks and injuring his right shoulder. The most recent progress note, dated May 21st 2014, indicates that there are ongoing complaints of bilateral shoulder pain and elbow pain. The physical examination demonstrated tenderness over the rotator cuff muscles and bicipital groove, tenderness at the posterior scapular region and thoracic spine, decreased bilateral shoulder range of motion, elbows noted tenderness at the lateral epicondyles, slightly decreased range of motion, and elbow strength was rated at 4/5. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes physical therapy. A request was made for acupuncture and was not certified in the preauthorization process on June 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (unspecified # of sessions noted): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 13 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, acupuncture can be used as an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation. According to the attach medical record the injured employee had previously received acupuncture treatment with unknown efficacy. Additionally it is not stated that pain medication is reduced or not tolerated or that the injured employee is currently participating in any other kind of rehabilitation. For these reasons, this request for Acupuncture is not medically necessary.