

Case Number:	CM14-0121860		
Date Assigned:	08/06/2014	Date of Injury:	11/12/2013
Decision Date:	10/16/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/01/2014

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 Licensed in 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:

Claimant is a 36 year old female who sustained a work related injury on 11/12/2013. Per a Pr-2 dated 6/9/2014, the claimant has bilateral shoulder pain, bilateral elbow pain, bilateral wrist pain, bilateral hip pain, lumbar spine pain, thoracic spine pain, and cervical spine pain. The claimant complains of radiating pain to the bilateral upper extremities. She has had 4 acupuncture sessions and 24 chiropractic sessions. She is not working. The diagnoses are left shoulder mild acromioclavicular osteoarthritis, right medial epicondylitis, left lateral epicondylitis, bilateral carpal tunnel syndrome, cyst and tear of TFCC, bilateral hip strain/sprain, wrist sprain, sprain/strain of shoulder/upper arm, elbow, and forearm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electro Acupuncture 2x4 bilateral shoulder, elbow, wrist, hip: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Acupuncture Guidelines

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is

defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant at least four acupuncture sessions with no reported benefits. Without functional improvement associated with acupuncture trial, further acupuncture is not medically necessary.