

Case Number:	CM14-0127901		
Date Assigned:	09/23/2014	Date of Injury:	01/31/2014
Decision Date:	10/23/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/11/2014

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 Chiropractic and 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 48 year old female who reported right arm pain from injury sustained on 01/31/14. On the day of injury, she was lifting boxes when she slipped and fell landing with her arm. There were no diagnostic imaging reports. Patient is diagnosed with status post right humeral shaft ORIF, possible delayed union of right humeral fracture, mild contracture of right elbow. Patient has been treated with right arm surgery, physical therapy and medication. Per medical notes dated 04/01/14, patient sustained a displaced spiral, somewhat comminuted fracture of the proximal 3rd of the dominant right humerus. She had fracture open reduction internal fixation the following day. Patient complains of discomfort in the area of the fracture. She still has some stiffness in the elbow and considerable stiffness in the shoulder. Examination revealed tenderness at the site of fracture and tenderness of anterior glenohumeral joint. Provider requested consult with Acupuncturist which was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with Acupuncturist for possible treatment: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines Pages 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. Patient is post-op right humeral shaft fracture and is attending physical therapy. Per guidelines acupuncture is used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Per medical notes dated 04/01/14, patient complains of slow healing of fracture, therefore the patient should be provided with acupuncture consultation. Per guidelines and review of evidence, acupuncture consult for possible treatment is medically necessary.