

Case Number:	CM14-0132512		
Date Assigned:	08/22/2014	Date of Injury:	12/31/2003
Decision Date:	12/17/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/19/2014

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 and Acupuncture Services 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 60 year old female who reported right shoulder and bilateral wrist pain from injury sustained on 12/31/03. Mechanism of injury was not documented in the provided medical records. Patient is diagnosed with status post right shoulder scope with Mumford procedure and bilateral wrist tendinosis. Patient has been treated with medication, surgery, physical therapy and acupuncture. Per acupuncture progress notes dated 07/10/14, patient reports decreased right shoulder pain. Patient is able to lie on the right shoulder at night. She reports decreased burning sensation in the hands. Per acupuncture progress notes dated 08/01/14, patient complains of right shoulder pain dated 3/10 and bilateral wrist pain rated at 5-6/10. Overall she feels decrease in pain. Examination revealed normal range of motion. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture for the Right Shoulder and Bilateral Wrist 2 x 3 Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section Hand, wrist and forearm pain>, <Insert Topic (Acupuncture)>

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 had prior acupuncture treatment. Per acupuncture progress notes dated 07/10/14, patient reports decreased right shoulder pain. Patient is able to lie on the right shoulder at night. She reports decreased burning sensation in the hands. Per acupuncture progress notes dated 08/01/14, patient complains of right shoulder pain dated 3/10 and bilateral wrist pain rated at 5-6/10. Overall she feels decrease in pain. Examination revealed normal range of motion. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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. Official Disability Guidelines do not recommend acupuncture for wrist pain. Per review of evidence and guidelines, 2x3 acupuncture treatments are not medically necessary.