

Case Number:	CM14-0147022		
Date Assigned:	09/15/2014	Date of Injury:	02/24/2013
Decision Date:	10/15/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/10/2014

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 Acupuncture and is licensed to practice in Florida. 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 patient is a 43-year-old female who sustained an industrial injury on 2/24/13. The documentation shows that the patient stated that as she was handling a heavy box, the weight shifted and she sustained injury to her right wrist. The patient was diagnosed with joint pain, forearm and pain in joint, shoulder region. She is on the following medication: Menthoderm gel, Cyclobenzaprine, Naproxen and Omeprazole. She had received physical therapy for her injuries. The documentation also suggests the patient received acupuncture treatments for her pain. After reviewing the documentation provided, the records fail to demonstrate any clinical evidence of functional improvement with the prior course of acupuncture treatment. The medical necessity for the requested 12 acupuncture sessions for the right shoulder and wrist has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2-3 times a week for 4 weeks (right shoulder and wrist): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient is a 43-year-old female that sustained an industrial injury on 2/24/13. The patient stated that as she was holding a heavy box, the weight of the box shifted and she sustained injury to the right wrist. The patient complains of right shoulder pain, right wrist pain and a lack of grip strength. She has received PT and acupuncture treatments. She is also on medications. As per CA MTUS Acupuncture Medical Treatment Guidelines (9792.24.1) Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to expedite functional recovery. Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20 CA MTUS Acupuncture Guidelines requires clinical evidence of functional improvement for additional care to be considered. The current documentation does not provide information that the patient received any benefit from the previous acupuncture sessions, and the objective findings from the provider are unknown. The request is not medically necessary.