

Case Number:	CM14-0215844		
Date Assigned:	01/05/2015	Date of Injury:	09/19/2008
Decision Date:	02/25/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 57year old male who reported right shoulder, elbow, wrist pain from injury sustained on 09/19/08 due to constant pulling, folding, and pushing. Patient is diagnosed with wrist sprain/strain, hand sprain/strain, elbow sprain/strain, rotator cuff syndrome, and shoulder sprain/strain. Patient has been treated with medication, physical therapy, chiropractic, occupation therapy, cortisone injection, and acupuncture. Per medical notes dated 10/08/14, patient complains of constant right shoulder pain rated at 6/10 and 2/10 with medication. Per medical notes dated 10/08/14, patient has been treated with medication, physical therapy, chiropractic, and acupuncture with no improvement. Per medical notes dated 11/19/14, patient complains of right shoulder, hand, wrist, forearm, and elbow pain which is rated 6-7/10, and 2/10 with medication. Examination revealed tenderness to palpation and decreased range of motion of the shoulder, forearm, elbow, hand, and wrist. Provider requested additional 2x3 acupuncture treatments for right shoulder, elbow, and wrist which was non-certified by the utilization review. Therefore, the Utilization Review decision was appealed for an Independent Medical Review

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x wk x 3 wks Right shoulder, elbow and wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 2x3 acupuncture treatments for right shoulder, elbow, and wrist which was non-certified by the utilization review. Per medical notes dated 10/08/14, patient has been treated with medication, physical therapy, chiropractic, and acupuncture with no improvement. 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. Per review of evidence and guidelines, 2x3 acupuncture treatments are not medically necessary.