

Case Number:	CM15-0000501		
Date Assigned:	01/12/2015	Date of Injury:	07/08/2004
Decision Date:	03/09/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	01/02/2015

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 52 year old female, who sustained an industrial injury on July 8, 2004. She has reported left shoulder, left elbow, and left wrist pain, and chest soreness. The diagnoses have included mild impingement syndrome, left acromioclavicular joint arthritis, carpal tunnel syndrome, and possible cervical radiculopathy. Treatment to date has included MRI, electrodiagnostic studies, acupuncture, physical therapy, and chiropractic therapy. Currently, the injured worker complains of chronic left shoulder, left elbow, and left wrist pain, and chest soreness since the date of injury. On December 2, 2014 Utilization Review non-certified a prescription for 6 sessions (1 time a week for 6 weeks) of acupuncture for the left upper extremity, noting the Medical Treatment Utilization Schedule (MTUS) guidelines do not recommend acupuncture for the shoulder and the Official Disability Guidelines (ODG) do not recommend it for the treatment of carpal tunnel syndrome. The Medical Treatment Utilization Schedule (MTUS), Acupuncture Treatment Guidelines and the Official Disability Guidelines (ODG) regarding Shoulder - Acute & Chronic (updated 10/31/14): Acupuncture was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Provider is requesting additional 6 acupuncture treatments for left upper extremity which were non-certified by the utilization review. There is lack of evidence that prior acupuncture care was of any functional benefit. 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, 1 X6 acupuncture treatments are not medically necessary.