

Case Number:	CM15-0009321		
Date Assigned:	01/27/2015	Date of Injury:	06/05/2013
Decision Date:	03/19/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/15/2015

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 56 year old male, who sustained an industrial injury on June 5, 2013. The diagnoses have included lumbar spine sprain/strain with radiculitis, right shoulder sprain/strain with clinical impingement, myospasm, right medial epicondylitis, right elbow sprain/strain, left wrist sprain/strain, status post left wrist fracture per history, medication induced gastritis, lumbar spine disc protrusion at L4-5 and L5-S1 per Magnetic resonance imaging, right shoulder full thickness tendon tear of the supraspinatus tendon per Magnetic resonance imaging, right shoulder osteoarthritis over the acromioclavicular joint per Magnetic resonance imaging and right elbow enthesopathy proximal posterior ulna, per X-ray and Magnetic resonance imaging. Treatment to date has included oral pain medication, prior authorization for acupuncture by utilization review on September 8, 2014 for twice a week for six weeks for the lumbar spine and shoulder. Currently, the injured worker complains of persistent right shoulder, right elbow, left wrist and lower back pain the pain is somewhat controlled with medication. On December 11, 2014 Utilization Review non-certified acupuncture two times a week for lumbar spine, right shoulder, right elbow and left wrist, noting, Medical Treatment Utilization Schedule Guidelines, American College of Occupational and Environmental Medicine and Official Disability Guidelines were cited. On December 5, 2014, the injured worker submitted an application for IMR for review of acupuncture two times a week for lumbar spine, right shoulder, right elbow and left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 6 weeks for Lumbar spine, right shoulder, right elbow, left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines states that acupuncture may be extended if there is documentation of functional improvement. The patient was authorized 12 acupuncture session on 9/8/2014. According to the progress report dated 1/23/2015, the patient reported that he is not improving significantly. The patient stated that he felt like he has completed all of his sessions of physiotherapy and acupuncture and stated that it did not help. Based on the submitted documents and evidenced based guidelines, the provider's request for acupuncture 2 times a week for 6 weeks for the lumbar spine, right shoulder, right elbow, and left wrist is not medically necessary at this time.