

Case Number:	CM15-0121631		
Date Assigned:	07/08/2015	Date of Injury:	11/30/2012
Decision Date:	08/05/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/23/2015

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 31 year old female who sustained a work related injury November 30, 2012. According to a primary treating physician's report, dated April 27, 2015, the injured worker presented with complaints of pain in the right shoulder, right elbow, and right hip and pain and numbness in the right wrist. The pain in her right shoulder and right wrist are rated as 4- 5/10, which has decreased from a 5-6/10 on the last visit; right elbow 6/10, which has decreased from 7/10 on the last visit and 2-3/10 right hip, which has decreased from a 3/10 on the last visit. She reports acupuncture and extracorporeal shockwave therapy has helped to decrease her pain and tenderness. Objective findings included tenderness to palpation of the left shoulder with restricted range of motion and tenderness to palpation of the right wrist, right elbow, and right hip. Diagnoses are right shoulder tendinitis, exacerbation; right shoulder impingement syndrome, exacerbation; right shoulder rotator cuff tear, exacerbation; right elbow lateral epicondylitis, exacerbation; right wrist chronic overuse syndrome, exacerbation; right hip strain/sprain, exacerbation, with history of labral tear. Treatment plan included aquatic physical therapy, referral for an orthopedic consultation, right shoulder, and at issue, a request for authorization for acupuncture therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Acupuncture Therapy two times a week for six weeks for the right upper extremity: 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 requested additional 2X6 acupuncture sessions which were non-certified by the utilization review. 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. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 2x6 acupuncture treatments are not medically necessary.