

Case Number:	CM15-0121668		
Date Assigned:	07/02/2015	Date of Injury:	08/15/2014
Decision Date:	08/07/2015	UR Denial Date:	05/19/2015
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 47 year old female with an industrial injury dated 08/15/2014. The injured worker's diagnoses include right shoulder sprain/strain, right elbow sprain/strain, and right wrist carpal tunnel syndrome. Treatment consisted of acupuncture therapy, chiropractic therapy, activity modification and periodic follow up visits. In a progress note dated 04/23/2015, the injured worker reported right shoulder pain, right elbow pain and right wrist pain. Objective findings revealed tenderness, spasm and decrease range of motion in the right shoulder, right elbow and right wrist. The treating physician prescribed services for acupuncture for the right shoulder, right elbow, right wrist, twice a week for four weeks, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the right shoulder, right elbow, right wrist, twice a week for four weeks:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guidelines states that acupuncture may be extended with documentation of functional improvement. Records indicate that the patient was authorized 8 sessions. The patient only completed 6 sessions of acupuncture. There was no documentation of functional improvement from the submitted reports. Based on the lack of objective documentation of functional improvement, additional acupuncture is not warranted at this time. Therefore, the provider's request for 8 acupuncture session is not medically necessary and appropriate at this time.