

Case Number:	CM15-0125776		
Date Assigned:	07/10/2015	Date of Injury:	03/07/2014
Decision Date:	08/11/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/29/2015

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 37-year-old male, who sustained an industrial injury on 3/07/2014. He reported cumulative trauma to his right wrist and right shoulder while employed as a cutter/machine operator. The injured worker was diagnosed as having right shoulder sprain/strain, right shoulder impingement syndrome per magnetic resonance imaging dated 4/25/2014, right wrist sprain/strain, rule out internal derangement, and right wrist cyst. Treatment to date has included diagnostics, physical therapy, extracorporeal shockwave therapy, unspecified acupuncture to date (12 sessions 12/09/2014-1/22/2015), and medications. Currently (5/06/2015), the injured worker complains of right shoulder pain, along with numbness in his right wrist. His pain was rated 5/10 and unchanged since his last visit. Exam of his right shoulder noted unchanged grade 2 tenderness to palpation, restricted range of motion, and positive impingement sign. Exam of the left wrist noted grade 2 tenderness to palpation, unchanged. He stated that acupuncture treatment helped decrease his pain and tenderness. He was pending authorization for surgeries to his right wrist and shoulder. His current medication regimen was not noted. His work status remained total temporary disability. Per a PR-2 dated 1/7/2015 and 5/6/2015, the claimant states that acupuncture helps decrease his pain and tenderness. The treatment plan included additional acupuncture for the right shoulder and wrist, 2x6.

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 to the right should and right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior extensive acupuncture of unknown quantity and duration and had mild subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.