

Case Number:	CM15-0127385		
Date Assigned:	07/14/2015	Date of Injury:	10/26/1998
Decision Date:	08/10/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/01/2015

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: 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 57-year-old female, who sustained an industrial injury on 10/26/1998. Diagnoses have included lateral epicondylitis, disorders of bursae and tendons in the shoulder region unspecified, sprain/strain of neck and other tenosynovitis of the hand/wrist. Treatment to date has included right shoulder cortisone injection, physical therapy, acupuncture and medication. According to the progress report dated 6/3/2015, the injured worker complained of chronic, cervical spine pain with radiation to the trapezius. The least pain was rated 4/10; the worst pain was rated 7/10. She also complained of headaches rated 6/10. She complained of numbness, tingling in the right shoulder, arm, and hand. Exam of the cervical spine revealed tenderness to palpation and tightness. Exam of the shoulders revealed moderate tenderness. Cubital Tinel's/Carpal Tinel's signs were positive bilaterally. Authorization was requested for six visits of acupuncture for the right shoulder, elbow and hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for Right Shoulder, Elbow & Hand, 6 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines indicate that extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." According to the provider's report dated 06-03-15, the patient benefited from prior acupuncture sessions (x 6) with range of motion improvement (no measurements were included in the report) and symptoms reduction. In the same report, the provider indicated that the patient continues taking opioids (Norco x4/day) and increased his shoulder range of motion after a steroid injection. Therefore, no objective improvements were documented (function-activities of daily living improvement, medication reduction, work restrictions reduction, etc), that were directly attributable to prior acupuncture care. In the absence of clear evidence of significant quantifiable response to treatment obtained with previous acupuncture care, the request for additional acupuncture is not supported for medical necessity.