

Case Number:	CM15-0051568		
Date Assigned:	03/25/2015	Date of Injury:	11/30/2012
Decision Date:	10/06/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/18/2015

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 (IW) is a 31-year-old female who sustained an industrial injury on 11-30-2012. Diagnoses include right shoulder tendinitis, exacerbation; right shoulder impingement syndrome, exacerbation; right shoulder rotator cuff tear, exacerbation; right lateral elbow epicondylitis, exacerbation; right wrist chronic overuse syndrome, exacerbation; and right hip strain or sprain, exacerbation. Treatment to date has included medications and extracorporeal shockwave therapy (ESWT). According to the progress notes dated 01-27-2015, the injured worker reported pain in the right shoulder, arm, elbow, forearm, hip and thigh. She complained of pain and numbness in the right wrist and hand. Her pain ranged from 3 out of 10 in the hip and thigh to 7 out of 10 in the right elbow and forearm. On examination, there was tenderness to palpation in all areas. The IW stated the right shoulder pain was decreased after ESWT and wanted to request the same treatment for the right elbow. The treatment plan called for acupuncture and ESWT for the right elbow. A request was made for 12 additional acupuncture treatments for the right elbow, 2 times per week for 6 weeks, as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional acupuncture treatment for the right elbow, 2 times per week for 6 weeks, as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The utilization review document of March 11, 2015 denied the treatment request for an for an additional 12 acupuncture treatments to the patient's right elbow to be provided two times per week for six weeks. The medical documentation addressing the prior completed acupuncture visits and what functional benefit arose from these treatments were not provided. The CA MTUS acupuncture treatment guidelines require evidence of functional improvement following a prior course of treatment that was not provided at the time of the additional treatment request. The medical necessity for additional acupuncture care, 12 additional visits, was not found in the provided medical records or supported by CA MTUS treatment guidelines. Therefore, the request is not medically necessary.