

Case Number:	CM15-0071449		
Date Assigned:	04/21/2015	Date of Injury:	04/06/2013
Decision Date:	05/20/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/14/2015

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 42-year-old female, who sustained an industrial injury on April 6, 2013. She has reported neck pain, shoulder pain, arm pain, wrist pain, and elbow pain. Diagnoses have included right shoulder impingement syndrome, right lateral epicondylitis, and right wrist sprain/strain. Treatment to date has included medications, injections, acupuncture, physical therapy, and imaging studies. A progress note dated February 18, 2015 indicates a chief complaint of neck pain radiating to the bilateral shoulders and arms, right shoulder pain, and right elbow pain. The treating physician documented a plan of care that included acupuncture treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of acupuncture for the right shoulder and right elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the records available, it does not appear that the patient has yet undergone acupuncture care. As the patient continued symptomatic, an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the provider requested initially 12 sessions, number that exceeds the guidelines recommendations without documenting any extraordinary circumstances, the request is seen as excessive, therefore not supported for medical necessity.