

Case Number:	CM15-0076587		
Date Assigned:	04/28/2015	Date of Injury:	06/28/2013
Decision Date:	05/28/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/21/2015

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 59 year old male who sustained an industrial injury on 06/28/2013. Diagnoses include left wrist and hand sprain with moderate interstitial tearing of other extensor carpi ulnaris tendon near the level of the distal ulna, small full-thickness perforation of the triangular fibrocartilage complex, right hand/wrist sprain, left shoulder/arm sprain, status post-surgical intervention on 07/09/2007, and right shoulder/arm strain. Treatment to date has included diagnostic studies, medications, and splint/bracing, physical and occupational therapy, and activity modifications. A physician progress note dated 03/05/2015 documents the injured worker complains of persisting and worsening pain to his wrists, shoulders and arms. Examination revealed generalized tenderness to palpation to bilateral shoulders and mildly decreased range of motion. There was pain at extremes of flexion, extension, adduction, abduction, and internal and external rotation of the left shoulder/arm. Her hands and wrists revealed tenderness to palpation over the palmar and dorsal sides bilaterally and over the radial and ulnar sides of the left wrist/hand, and mildly decreased active/passive range of motion bilaterally, with pain at the extremes of flexion, extension, and radial and ulnar deviation of the left wrist/hand and extremes of flexion and extension of the right wrist and hand. The treatment plan is for a left wrist injection, Mobic and acupuncture. Treatment requested is for Acupuncture treatment and evaluation for bilateral shoulders/elbows/wrists 2 x 6. The claimant had at least 7 scheduled acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment and evaluation for bilateral shoulders/elbows/wrists 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS 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 acupuncture of unknown quantity and duration with benefit. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.