

Case Number:	CM15-0090084		
Date Assigned:	05/14/2015	Date of Injury:	10/16/2013
Decision Date:	08/11/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/11/2015

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 43 year old female, who sustained an industrial injury on 10/16/2013. She reported a heavy frame was dropped on her right shoulder and arm. The injured worker was diagnosed as having right shoulder impingement, right carpal tunnel syndrome, and right forearm pain. Treatment to date has included diagnostics, physical therapy, acupuncture, home exercise program, activity restrictions, and medications. On 4/15/2015, the injured worker complains of right shoulder pain, rated 6/10, with pins and needles sensations and numbness and tingling. Pain levels appeared consistent for several months. She was currently taking Ibuprofen, Neurontin, Ultracet, and Nortriptyline. She reported gastrointestinal problems (unspecified). Prilosec was added for complaints. She found acupuncture helpful. She was doing modified duty. She wished to continue acupuncture treatment. The treatment plan included additional acupuncture, 2x3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to the Right Shoulder 2 x 3 week: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 2x3 acupuncture sessions for right shoulder which were non-certified by the utilization review. Medical records discuss improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 2x3 acupuncture treatments are not medically necessary.