

Case Number:	CM14-0142201		
Date Assigned:	09/10/2014	Date of Injury:	03/08/2011
Decision Date:	10/06/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is licensed in Chiropractic and Acupuncture and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 52 year old female who sustained a work related injury on 3/8/2011. Her diagnoses are lateral epicondylitis, meniscal tear, chondromalacia patella, cubital tunnel syndrome, carpal tunnel syndrome, derangement of the knee, and lumbosacral sprain/strain, impingement syndrome, and cervical radiculopathy. Per a Pr-2 dated 7/21/2014, the claimant has intractable shoulder pain and has a flare up of symptoms. She has pain radiating between the shoulder blades but with aggravation by overhead activities, throwing motions, lifting or carry heavy objects, pushing pulling, reaching. She also wakes up at night and has stiffness and weakness. Acupuncture is being requested for functional restoration to improve function and decrease pain. Other prior treatment includes physical therapy, work modification, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3 x 4 bilateral shoulders and cervical spine: 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, an initial trial of acupuncture consists of six or less visits. A request for twelve visits exceeds the recommended guidelines. If this is a request for further acupuncture, there is no documentation of functional improvement from prior acupuncture to justify further treatment. A request of six or less visits may be warranted as an initial trial.