

Case Number:	CM13-0010109		
Date Assigned:	12/11/2013	Date of Injury:	06/26/2012
Decision Date:	01/31/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	08/12/2013

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 acupuncture and chiropractic 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 employee is female with a date of injury of 6/26/12. According to the progress report dated 6/28/13, the employee complained of neck, upper back, arm, and chest pain. It was noted the employee had radiating pain down her arm along the medial aspect down towards the hand. She reported numbness along all her fingertips on both the left and right side. The pain was described as very sharp, shooting, and burning. The employee also has mild weakness in both upper extremities including grip. She has been taking ibuprofen as needed. Physical examination revealed tenderness throughout the cervical and mid thoracic region as well as along the upper extremities and chest. There was weakness with abduction and external and internal rotation as well as elbow flexion and extension. The muscle strength was 4+/5. Sensation to light touch and pin prick in the upper extremities was 2/2. Deep tendon reflexes were within normal limits. Spurling test remained negative. Tinel sign was negative along the cubital tunnel and carpal tunnel bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, cervical spine bilateral wrist 2 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines state that acupuncture treatment may be extended if functional improvement is documented as defined in section 9792.20(f). Per a progress report by the employee's acupuncture provider dated 6/24/13, the employee was taking 800mg of ibuprofen daily for pain control and the employee reported the pain in her neck and shoulder joints was somewhat reduced and the aching and stiffness in her forearms and wrist had subsided; however, she noted that the pain and stiffness returns at the end of a workday. Although a progress report dated 6/28/13 indicated that the employee had completed a trial of acupuncture and found it to be extremely beneficial in her pain relief, there is no documentation of objective functional improvement with acupuncture treatment in the submitted records. Therefore, the requested acupuncture two times a week for six weeks for the cervical spine/bilateral wrists is not medical necessary and appropriate.