

Case Number:	CM13-0011129		
Date Assigned:	09/20/2013	Date of Injury:	08/08/2009
Decision Date:	01/09/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 physician 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 patient is a 43 yo female with a DOI on 8/8/09 to the right hand, arm, wrist, and shoulder from moving boxes. Patient treatment has included physical therapy, cervical epidural injection, wrist debridement surgery, cortisone injection of the shoulder followed by shoulder arthroscopy on 5/27/11. She also had carpal tunnel release on 1/3/12. The patient now has residual pain in the upper extremity and neck that is chronic at constant 7/10 pain. Examination on 6/5/13 showed limited range of motion in the neck and shoulder with spasm in the cervical region. The patient has weakness 4/5 in right grip and finger adduction and decreased in light touch. The patient had received 6 sessions of acupuncture in the past with improvement of symptoms. The request is for an additional 12 sessions (two times per week for 6 weeks of acupuncture).

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for Acupuncture was made on 4/24/2013, 2 x 6 weeks or total of 12 visits over six weeks. The medical records provided for review seem to imply that the

employee was approved for acupuncture in 2012. According to the Acupuncture Guidelines, the time to find functional improvement is between 3 to 6 treatments, and acupuncture treatments may be extended if functional improvement is documented as defined in the guidelines. In the medical records, there was no documentation whether the prescribed acupuncture resulted in any functional improvement. For this reason, the request for additional acupuncture would not meet the guidelines. The request for acupuncture is not medically necessary and appropriate.