MAXIMUS Federal Services

Case Number:	CM13-0018938		
Date Assigned:	06/06/2014	Date of Injury:	05/07/2010
Decision Date:	07/31/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/30/2013

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 Board Certified in Physical Medicine & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 56-year-old male who reported an injury on 05/07/2010 of an unknown mechanism of injury. The injured worker has a history of cervical and right shoulder pain radiating to the elbow. The injured worker had a diagnosis of anterior cervical discectomy with fusion C5-6 and C6-7, right shoulder impingement syndrome, right elbow lateral release, and left carpel tunnel syndrome. Prior treatments included 15 sessions of physical therapy, MRI to the right shoulder and immobilaztion of the right elbow for 3-4 weeks Per the clinical note dated 08/09/2013 the objective finding to the cervicle region revealed tenderness to deep palpation over the left posterior paracervicle musculature area, motor strength 5/5, forward flexion and extension 50 percent normal range and right range of motion 75 percent normal range. Per the notes dated 05/18/2014 the objective findings to the right elbow revealed flexion of 40 degrees, and extension of 178 degrees .The injured worker's medications included ibuprofen with a pain 4/10 using the VAS scale. The treatment plan included the injured worker continuing home therapy. The authorization form was not submitted with the paperwork. The rationale for the acupuncture to the cervical spine and right upper extremity 2 times a week for 4 weeks was not given.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT ACUPUNCTURE TO THE CERVICAL SPINE AND RIGHT UPPER EXTREMITY 2 TIMES A WEEK FOR 4 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines indicate acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The California MTUS Guidelines indicate 1 to 3 a week with a duration of 1 to 2 months. The documentation provided indicated that the injured worker's surgery was 01/31/2011 and completed therapy. The injured worker is not on any pain medication and the documentation failed to indicate the requested acupuncture is being requested in conjunction with physical rehabilitation to meet guideline criteria. The request as submitted exceeds guideline recommendations for an initial trial. As such the request for outpatient acupuncture to the cervical spine and right upper extremity 2 times a week for 4 weeks is not medically necessary.