

Case Number:	CM13-0023136		
Date Assigned:	06/27/2014	Date of Injury:	09/12/2008
Decision Date:	07/28/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/11/2013

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 Chiropractic, has a subspecialty in 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 patient is 67-year-old female with a date of injury of 9/12/2008. According to the progress report dated 7/23/2013, the patient complained of left wrist, hand, left shoulder, left knee, and neck pain. The patient rated her pain at 7/10. Significant objective findings include positive Finkelstein's, Tinel's and Phalen's on the left, positive impingement, subacromial bursitis, and trapezius spams. The neck exam revealed decreased sensation on the left C6, C7, and C8 dermatomes. The patient's cervical range of motion was 50 degrees in flexion, 20 degrees in extension, 45 degrees lateral bending, and 60 degrees in rotation bilaterally. The patient was diagnosed with cervical DDD with strain and radiculopathy, left shoulder bursitis and impingement, left hand CMC DJD, and left AC DJD.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture for neck x8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines recommend a trial of 3-6 acupuncture treatment with a frequency of 1 to 3 times a week over 1 to 2 months to produce

functional improvement. It states that acupuncture may be extended if there is documentation of functional improvement as defined in section 9792.20(f). The patient completed 24 acupuncture sessions on 2/5/2014. There was no clinically significant improvement in daily activities or reduction in dependency on continued medical treatment. There were no changes between progress report dated 7/23/2013 and 8/27/2013. During that period the patient received some acupuncture care. According to the progress report dated 8/27/2013, the ranges of motion in the cervical spine was reported to be 50 degrees in flexion, 20 degrees in extension, 45 degrees in lateral bending, and 60 degrees in rotation. The patient reported being able to sit for 1 hour and stand for hour, and walk for 1 hour in the progress report dated 7/23/2013. According to the progress report dated 8/27/2013, standing was decreased to 10 mins, while sitting increased to 1.5 hours. In addition, there was no evidence of reduction in the dependency on continued medical treatment. Therefore, the provider's request for 8 additional acupuncture treatments for the neck is not medically necessary at this time.