

Case Number:	CM13-0033361		
Date Assigned:	12/06/2013	Date of Injury:	05/01/2011
Decision Date:	05/14/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/10/2013

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 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.

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 57-year-old female who reported neck and shoulder pain and numbness in the hands from an injury sustained on 05/01/11. The mechanism of injury is unknown. An MRI of the cervical spine revealed multi-level degenerative disc disease. The left shoulder MRI was consistent with calcific supraspinatus tendinitis and infraspinatus tendinitis. A nerve conduction study (NCS) and electromyography (EMG) revealed C5-C7 radiculopathy and bilateral carpal tunnel syndrome. The patient was diagnosed with cervical strain; double crush with carpal tunnel syndrome; left shoulder impingement; depression; anxiety and headaches. The patient has been treated with medication, physical therapy, epidural injection and acupuncture. The patient was seen for a total of fourteen (14) acupuncture visits. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. The patient hasn't had any long term symptomatic or functional relief with acupuncture care. Per notes dated 8/20/13, she continues to have pain, numbness and tingling and limited range of motion. Per notes dated 10/21/13, "the patient has been treated with a variety of conservative measures, including physical therapy with no relief, 14 acupuncture treatments with minimal temporary relief". The medical records provided did not include acupuncture progress notes to determine if care has been beneficial. The patient continues to have pain and flare-ups.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE X6 VISITS FOR THE NECK, BILATERAL SHOULDERS, ARMS, AND HANDS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines indicate that "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". The Guidelines also indicate, "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". The patient has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Additional visits may be rendered if the patient has documented objective functional improvement. According to the Guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per review of evidence and guidelines, six (6) acupuncture treatments are not medically necessary.