

Case Number:	CM13-0037304		
Date Assigned:	01/24/2014	Date of Injury:	01/08/2009
Decision Date:	04/15/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/29/2013

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 Care, 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 a 66 year old female with a date of injury of Jaunuray 08, 2009. According to the progress report dated August 27, 2013, the patient complains of right facial pain, right ankle pain, posterior neck, right shoulder, right lower back, bilateral knees, and bilateral ankles pain. The patient also complains of right headaches throughout. The patient rated her overall pain at 7/10. Her posterior neck, right shoulder, headaches, lower back, bilateral knees and left ankle showed no change since the last visit. The posterior neck pain was consistent pain and radiates to the left and right shoulder. There was decreased range of motion and stiffness in the neck. There was decreased range of motion and weakness in the right shoulder. The right lower back pain was constant and there were tightness. Significant objective findings include cervical spine tenderness at C2-C6, hypertonicity in the trapezius bilaterally, tenderness in the lumbar spine, decrease range of motion in the lumbar spine, and tenderness over the right acromial process. Foraminal compression was positive bilaterally. Spurling testing was negative. Hawkins-Kennedy test was positive on the left. Kemp's test was positive bilaterally. Straight leg raise was negative bilaterally. The patient was diagnosed with cervico-brachial syndrome, right shoulder tenosynovitis, left ankle tenosynovitis, headaches, probable post traumatic insomnia, lumbar neuritis, and post op of bilateral knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE , ELECTRO ACUPUNCTURE AND INFRARED LAMP TREATMENT SESSIONS 1 TIME PER WEEK FOR 6 WEEKS: 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 acupuncture for pain. It states that acupuncture may be extended if there is documentation of functional improvement. Records indicate that the patient had received acupuncture in the past; however, there was no documentation of functional improvement from acupuncture sessions. According to the progress report dated July 9, 2013, the provider stated there was improvement since the last visit. There was no objective functional improvement documented in that progress report. Based on the lack of documentation of functional improvement with acupuncture, the providers request for electroacupuncture and infrared lamp treatment once per week for six (6) weeks is not medically necessary.