

Case Number:	CM13-0040063		
Date Assigned:	12/20/2013	Date of Injury:	07/02/2012
Decision Date:	02/13/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a 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 a 50-year-old male with a date of injury of 7/02/2013. According to the progress report dated 9/25/2013, the patient presents for complaints referable to his bilateral upper extremities. The patient has sensitivity over the scars and stated that his strength has been improving and swelling has decreased. He stated that he has been going to acupuncture and noticed a difference with treatment. Physical cervical exam revealed improved motion, minimum spasms and limitation. There is no clear axial compression. His bilateral shoulder reveals good motion. There was good range of motion in the bilateral wrist, able to make full fist, mild tenderness along the incision and first finger web space. MRI of the cervical spine dated 5/03/2013 revealed posterior disc bulges of 3 to 4 mm at C3-4 and C6-7 and 2mm at C4-5 as well as 4 to 5 mm disc protrusion at C5-6 with central canal narrowing that is mild at C3-4, C4-5, and C6-7 and mild to moderate at C5-C6. The patient is diagnosed with cervical spine strain, bilateral shoulder impingement, bilateral lateral/medial epicondylitis, bilateral cubital tunnel syndrome, bilateral carpal tunnel syndrome, status post bilateral carpal tunnel release, and bilateral Dequervains tenosynovitis

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture bilateral upper extremities, #8: Overturned

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 recommends acupuncture for pain. It states that acupuncture may be extended if functional improvement is documented as defined in section 9792.20(f). Records indicate that the patient had prior acupuncture care. The patient noted improvement after acupuncture. According to the progress report dated 10/30/2013, the patient numbness and tingling has become manageable, able to move around the house, and improved strength. The patient has demonstrated some increased grip and motion and more importantly he is doing more and having less pain in the elbows. Based on the documentation of functional improvement, the provider's request for 8 additional acupuncture sessions for the bilateral shoulders is medically necessary at this time.