

Case Number:	CM13-0040985		
Date Assigned:	12/20/2013	Date of Injury:	02/27/2012
Decision Date:	04/18/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Chiropractor 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 physician 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 right shoulder, hand and finger pain from injury sustained on 2/27/12 while he grabbed a patient that jumped out of the window of fourth floor. Patient was diagnosed with right bicep strain; right bicep tendon tear status post repair; right carpal tunnel syndrome and cervical spine strain and radiculopathy. Patient has been treated with medication, right shoulder surgery and physical therapy. Per notes dated 10/09/13, patient continues to have burning pain in his right upper extremity. He also states that neck and right shoulder symptoms have worsened due to physical therapy. Patient has tender cervical paravertebral muscles with spasm and restricted range of motion; strength and strength on the right was 3/5. Primary treating physician requested 12 initial acupuncture visits. Utilization review modified the visits to 6 for the initial course which is permitted by the guidelines. Despite the modification, patient was treated with acupuncture for 12 visits dated 10/17/13- 12/13/13. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE SESSIONS 3 TIMES PER WEEK FOR 4 WEEKS FOR TREATMENT OF THE NECK AND RIGHT UPPER EXTREMITY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines Page 8-9. "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". "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". Patient hasn't had prior Acupuncture treatment. Per guidelines 3-6 treatments are sufficient for initial course of Acupuncture. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) "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 guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.