

Case Number:	CM13-0042103		
Date Assigned:	12/27/2013	Date of Injury:	04/21/2006
Decision Date:	02/27/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/16/2013

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 a 61-year-old male with a date of injury of 4/21/2006. According to the progress report dated 12/23/2013, the patient complained of pain and discomfort involving the bilateral upper extremity as well as the neck. He has been experiencing spasm and electric shooting pain in his hand. Significant objective findings include decrease cervical range of motion, 5/5 motor strength in the bilateral upper extremities, and myofascial trigger points in the cervical paraspinal musculature. The patient was diagnosed with cervical disc injury, cervical sprain/strain, right wrist tendonitis, right lateral epicondylitis, and carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the cervical spine and right wrist: 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 Guideline 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 therapy. The provider noted that electro-acupuncture treatment has been helpful in the past to decrease his pain and discomfort allowing

him to function better and allowing him to go back to work. The patient completed 4 acupuncture sessions from 2/01/2013 to 3/15/2013. There was no specific functional improvement documented in the submitted records from the acupuncture treatments. Therefore, the provider's request for additional acupuncture 2 times a week for 4 week to the cervical and right wrist is not medically necessary at this time.