

Case Number:	CM13-0047202		
Date Assigned:	12/27/2013	Date of Injury:	07/14/2011
Decision Date:	02/27/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	11/05/2013

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. 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 49 year-old male who reported neck pain, left wrist pain, left shoulder pain and back pain from injury sustained on 12/27/98. Patient suffered severe electrical injury while using floor stripper and floor polisher. X-rays dated on 8/20/12 state Discogenic spondylosis of the cervical spine, widening of Scapholunate joint of the left wrist, Left shoulder was unremarkable. MRI of the cervical spine state C5-C6 and C6-C7 disc protrusion. Patient was diagnosed with Cervicobrachial syndrome, shoulder tenosynovitis, cervical myalgia, Wrist/hand tenosynovitis, thoracalgia and insomnia. Patient has been treated extensively with medication, Physical therapy, Chiropractic and Acupuncture. It is unclear on the number of visits the patient had with Acupuncturist. Records for Acupuncture visits were not provided. Per notes on 9/27/13 patient states shoulder pain 3/10, Left wrist pain 4/10 and neck pain 3/10 with limited range of motion. Notes dated April 2, 013 state that "he believes acupuncture is beneficial but still has pain". Patient hasn't had any long term symptomatic or functional improvement. Patient continues to have pain and flare-ups. Patient is currently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, Cupping Acupuncture, and Infrared Lamp Acupuncture 1x6 for left shoulder, hand, wrist, cervical, thoracic: 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 pages 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. There is no record of Acupuncture treatments, therefore it is unclear on amount of visits the patient had. Per evidence the patient remains out of work and patient hasn't had any documented functional improvement. Patient continues to be symptomatic. Per guidelines and review of evidence, acupuncture 1X6 is not medically necessary