

Case Number:	CM13-0053474		
Date Assigned:	12/30/2013	Date of Injury:	04/26/2013
Decision Date:	04/30/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/18/2013

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 Board Certified in Occupational Medicine, 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 49 year old female who was injured on 04/26/2013 with unknown mechanism of injury. Prior treatment history has included physical therapy and acupuncture therapy. The patient is currently taking ibuprofen and applying topical creams. Progress note dated 11/20/2013 documented the patient to have complaints of persistent right shoulder pain. The patient was given a right subacromial injection on her last visit, which did help. Her right upper extremity continues to bother her. Her right wrist has been accepted, but her shoulder and neck have not. The medications were helping. She used topical cream, which helped her to fall asleep. She was not attending therapy. She was not working. Objective findings on exam included right shoulder, there was acromioclavicular joint pain. Abduction was 120 degrees, passively and actively. Impingement sign was positive, but less impressive when compared to the last visit. On examination of the right wrist, the first carpometacarpal joint was mildly tender. The snuffbox was not tender. There was a positive Phalen's and Tinel's sign. There was tenderness about the thenar eminence. There was mild swelling. Finkelstein's maneuver was negative. Progress note dated 12/03/2013 documented the patient to have persistent numbness and tingling in her right hand. She continued to drop things. She states that her wrist pain wakes her up at night. She was unable to sleep. She also complains of right shoulder pain. Objective findings on exam included right wrist, the patient was able to dorsiflex to 60 degrees and volar flex to 60 degrees. Snuffbox was not tender. There was a positive Phalen's and Tinel's sign. There was tenderness about the thenar eminence. There was mild swelling. Finkelstein's maneuver was negative. The patient was diagnosed with cervicothoracic strain, right shoulder bursitis with acromioclavicular joint pain, mild left shoulder bursitis, and right upper extremity overuse injury with probable carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERAPY: ACUPUNCTURE 2 TIMES 4: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

Decision rationale: "Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(f)." The medical records do not support any documented functional improvements. However, the patient is not taking any narcotic medication which may be an alternative. This acupuncture treatment is medically necessary in this particular patient because of lack of systemic narcotics being prescribed.