MAXIMUS Federal Services

Case Number:	CM13-0058743		
Date Assigned:	12/30/2013	Date of Injury:	09/15/2010
Decision Date:	06/19/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/27/2013

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, has a subspecialty in Chiropractor and is licensed to practice in North Carolina. 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 29 year old female who had complaints of right shoulder and right wrist pain. The clinical note dated 11/22/13 indicates the patient complaining of 7-9/10 pain. The patient described the pain as constant and moderately severe. Upon exam, tenderness was identified at the supraspinatus insertion site along with the levator scapula, the rhomboids, and the AC joint. The patient also has been wearing a wrist support to address carpal tunnel syndrome symptoms. The patient had a positive Tinel's and Phalen's sign at the right wrist. Tenderness was also identified over the carpal bones, the thenar, and hypothenar eminences. Decreased sensation was identified along the course of the median nerve distribution of the right upper extremity. The clinical notes indicate the patient having been utilizing a compounded topical medication at the affected sites. The clinical note dated 11/22/13 indicates the patient having undergone a Cortisone injection at the right shoulder. The patient was also recommended for a possible DeQuervain's release procedure. The case notes indicate the patient having completed 6 acupuncture treatments to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 ACUPUNCTURE SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: 9792.24.1, ACUPUNCTURE MEDICAL TREATMENT GUIDELINES,

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The documentation indicates the patient having complaints of right shoulder and right wrist pain. Ongoing acupuncture treatments are recommended provided the patient meets specific criteria to include a positive response to previously rendered treatment. There is an indication that the patient has completed a course of 6 acupuncture treatment sessions to date. However, no objective data was submitted confirming the patient's positive response to the previous treatment. Additionally, the request for a total of 24 acupuncture sessions exceeds Acupuncture Medical Guidelines recommendations as no exceptional factors were identified in the submitted documentation. Given these factors, this request is not medically necessary.

24 ELECTROACUPUNCTURE SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: 9792.24.1, ACUPUNCTURE MEDICAL TREATMENT GUIDELINES,

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The documentation indicates the patient having complaints of right shoulder and right wrist pain. Ongoing acupuncture treatments are recommended provided the patient meets specific criteria to include a positive response to prevoiusly rendered treatment. There is an indication that the patient has completed a course of 6 acupuncture treatment sessions to date. However, no objective data was submitted confirming the patient's positive response to the previous treatment. Additionally, the request for a total of 24 electroacupuncture sessions exceeds Acupuncture Medical Guidelines recommendations as no exceptional factors were identified in the submitted documentation. Given these factors, this request is not medically necessary.