

Case Number:	CM13-0067619		
Date Assigned:	01/03/2014	Date of Injury:	08/15/2003
Decision Date:	04/22/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/18/2013

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 licensed in Chiropractor and is licensed to practice in Texas. 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 71 year old male that reported an injury on 08/15/2003. The mechanism of injury was not provided in the medical records. History of surgeries are; Left knee 07/20/2013, tonsillectomy, appendectomy, resection of benign parotid gland in early 20's, mastoid surgery in his 30's, bilateral inguinal hernia repair in his 50's. Medications listed are Pepcid 40 mg daily, Flonase 2 squirts daily, simvastatin 5 mg daily, terazosin 10 mg at bedtime, intermezzo 3.5mg 5 nights a week, biotene, Celebrex 200mg four times a day, Lyrica 100 mg up to 5 times a day, Metanx M8 mg twice a day, Actiq 600 mg daily, fish oil, Q10, saw palmetto, calcium/vitamin D and probiotics. Drug test done and was negative. On exam it was noted that the patient's distal left arm shows left hand cool with mottled purple, red and white skin, moist palm, fingers swollen. Patient guards arm for fear of something bumping and starting the pain worse again. Pain is a 10/10 without medications and down to 7-8/10 with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2 TIMES A WEKK FOR 6 WEEKS FOR THE LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS acupuncture guideline says that acupuncture is used as an option when pain medication is reduced or not tolerated acupuncture treatments may be extended if functional improvement is documented. The clinical note dated 12/11/2013 noted that the patient was getting acupuncture in 2013 till the treatments were stopped. The documentation provided did not show any objective improvement from the previous acupuncture sessions in 2013. Therefore, the request is non-certified.