

Case Number:	CM13-0071162		
Date Assigned:	01/08/2014	Date of Injury:	03/27/2013
Decision Date:	05/30/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/26/2013

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 41 year old female who reported neck and shoulder pain from injury sustained on 3/27/13 after throwing a large bag into a dumpster. X-rays of the right shoulder were unremarkable. MRI of right shoulder revealed supraspinatus tendon tear. MRI of the cervical spine revealed left paracentral disc herniation at C5-6. Patient was diagnosed with cervical radiculopathy; bilateral shoulder impingement syndrome; bilateral carpal tunnel syndrome; gastropathy and anxiety. Patient has treated with medication, injections and physical therapy. Patient is a candidate for surgery. Per notes dated 11/1/13, patient continues to be symptomatic both in the shoulder and upper extremity. She reported persistent pain of 6-7/10 radiating from her neck towards her shoulder. Her symptoms remain worse on the left. Per notes dated 12/5/13, patient complains of continuous pain in the neck, upper back and upper arm. She also complains of frequent headaches. She reported continuous bilateral wrist and hand pain with episodes of swelling, numbness and tingling as well as cramping and weakness in the hands. Primary treating physician is requesting 12 initial acupuncture visits which were modified by the utilization reviewer to 6 initial visits. There is no assessment in the provided medical records of functional efficacy with prior care. Patient hasn't had any long term symptomatic or functional relief with care.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 3 TIMES WEEKLY FOR 4 WEEKS, NECK AND RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: 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. The time allowed to produce function improvement is 3-6 treatments with a frequency of 1-3 times per week and an optimum duration of 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. This patient hasn't had prior Acupuncture treatment. Per guidelines 3-6 treatments are sufficient for initial course of Acupuncture. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.