

<b>Case Number:</b>	CM14-0009783		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	03/23/2013
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 36 year old male who reported an injury on 03/23/2013, due to an unknown mechanism. The clinical note dated 02/17/2014 presented the injured worker with headaches, neck pain, constant pain to his right shoulder with numbness and weakness, numbness and tingling radiated down the right arm to the right hand, wrist pain, constant bilateral hand pain with tingling and numbness into the thumbs, difficulty with sexual function, low energy levels, depression, and difficulty sleeping. The injured worker's physical exam revealed tenderness in the right shoulder, supraspinatus resistance test, Speed's-bicipital tendonitis, and impingement maneuver revealed pain, palpation revealed nonspecific tenderness at the right wrist, Phalen's was positive, Finkelstein's was positive, and Tinel's sign was positive bilaterally. The injured worker was diagnosed with a headache, cervical spine sprain, thoracic sprain, pain in joint involving hands, tenosynovitis of the hand and wrist, sprain of an unspecified site of the shoulder and upper arm, anxiety, unspecified sleep disturbance, and displacement of the cervical spine intervertebral disc without myelopathy (per 04/26/2013 MRI). The provider recommended 18 sessions of acupuncture for the neck and upper back, and a follow up with an Orthopedic evaluation, treatment, and pain medicine. The request for authorization is dated 02/17/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**18 SESSIONS OF ACUPUNCTURE FOR NECK AND UPPER BACK:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Acupuncture

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The California MTUS guidelines recommend acupuncture as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The guidelines recommend a maximum of 8-12 acupuncture visits. The injured worker has had at least 6 prior acupuncture visits; however, there was a lack of documentation indicating the injured worker had significant functional improvements, reduction of pain, and reduction of medication usage as a result of the acupuncture visits. The request for 18 sessions would exceed the recommendation of the guidelines. Therefore, the request is not medically necessary.

**FOLLOW UP WITH ORTHOPEDIST FOR EVALUATION, TREATMENT AND PAIN MEDICINE:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, An&d Hand, Office visit.

**Decision rationale:** The Official Disability Guidelines recommend evaluation and management of outpatient visits to the offices of medical doctor to play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. The injured worker had neck pain, constant pain to his right shoulder with numbness and weakness, numbness and tingling radiating down the right arm to the right hand, wrist pain, and constant bilateral hand pain with tingling and numbness into the thumbs. The injured worker's physical exam revealed tenderness in the right shoulder, a positive supraspinatus resistance test, Speed's-bicipital tendonitis, and impingement maneuver produced pain, palpation produced nonspecific tenderness at the right wrist, Phalen's was positive, Finkelstein's was positive, and Tinel's sign was positive bilaterally. It appeared the injured worker had significant physical exam

findings for which orthopedic examination would be indicated. Therefore, the request is medically necessary.