

Case Number:	CM14-0100133		
Date Assigned:	07/28/2014	Date of Injury:	01/27/2009
Decision Date:	08/29/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/30/2014

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 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 37-year-old female who has submitted a claim for sprain and strain of shoulder and upper arm associated with an industrial injury date of January 27, 2009. Medical records from 2013 were reviewed, which showed that the patient complained of pain in the bilateral wrists, rated 7-8/10, with radiating symptoms toward the shoulders and upper back. The patient also complains of constant, throbbing, shooting and burning pain with weakness of grip and difficulty with fine object manipulation. On physical examination, there is hyperalgesia to palpation to the carpal tunnels, extensor pollicis longus tendon and lateral and medial epicondyles. There is tenderness with trigger points in the trapezii, lower cervical paraspinals, levator scapulae and rhomboids. There is weakness of bilateral upper extremities. There is positive carpal compression and Phalen's test. There is decreased sensation in digits 1-4. Examination of the cervical spine reveals increased paraspinal muscular tone with spasm in the mid to lower cervical levels. There is noted limited range of motion of the cervical spine. There is tenderness in the posterior paraspinal muscles from the occiput down to the left mid cervical region. Treatment to date has included carpal tunnel release bilaterally, physical therapy, chiropractic care, acupuncture and oral medications. Utilization review, from June 18, 2014, modified the request for Acupuncture X 12 to Acupuncture X 6. According to the Acupuncture Medical Treatment Guidelines, frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: time to produce functional improvement: 3 to 6 treatments. Therefore, the request for Acupuncture X 12 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture X 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the Acupuncture Medical Treatment Guidelines referenced by CA MTUS, acupuncture may be used as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines allow the use of acupuncture for a frequency and duration of treatment as follows: time to produce functional improvement 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Additionally, acupuncture treatments may be extended if functional improvement is documented. In this case, the medical records showed that the patient underwent an unknown number of acupuncture sessions. However, there was no documentation of objective functional improvement. The modification to 6 sessions of acupuncture is sufficient to produce functional improvement, and acupuncture treatments may be extended at a time this improvement is documented. The request likewise failed to specify body part to be treated. Therefore, the request for ACUPUNCTURE X 12 is not medically necessary and appropriate.