

Case Number:	CM14-0109030		
Date Assigned:	08/01/2014	Date of Injury:	09/10/2011
Decision Date:	09/09/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/14/2014

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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 57 year old with a work injury dated 9/10/11. The diagnoses include cervical pain; cervical disc disorder, hand pain, lateral epicondylitis, ulnar neuropathy, wrist pain. Under consideration is a request for 12 acupuncture visits. There is a primary treating physician report dated 6/26/14 that states that the patient has neck pain and bilateral upper extremity pain. Pain level has remained unchanged since last visit. No new problems or side-effects. Quality of sleep is fair. Activity level has remained the same. She has completed physical therapy and does her home exercise program, but she continues to have a burning pain in her neck. On exam the cervical exam revealed tenderness and tight muscle band is noted on both the sides. Spurling's maneuver is negative. Reflexes are 2/4 in the upper extremities. Both elbows have a positive Tinel sign. Bilateral hand exam revealed Bouchard's nodes. There is tenderness at multiple bilateral distal and proximal interphalangeal joints. Strength was 5/5 on the right upper extremity and 5-/5 in the elbow flexors, extensors, wrist flexors/extensor and finger flexors/extensors. On sensory examination, light touch sensation is decreased over C5-C8 on the left side. There is a request for 12 sessions of acupuncture as the patient is interested in conservative treatment. Per documentation the patient had not had prior acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Acupuncture Visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: 12 acupuncture visits are not medically necessary as written per the MTUS guidelines. The MTUS Acupuncture Medical Treatment Guidelines recommend that the time to produce functional improvements is 3-6 treatments and acupuncture treatments may be extended if functional improvement is documented. The request as written would exceed the recommended number of trial visits and therefore 12 acupuncture visits are not medically necessary.