

Case Number:	CM14-0113429		
Date Assigned:	08/01/2014	Date of Injury:	01/10/2013
Decision Date:	09/22/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/21/2014

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 Therapy & Rehabilitation, has a subspecialty in Interventional Spine 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 54 year-old female with the date of injury of 01/10/2013. The patient presents with pain in her neck, shoulders, forearms and wrists, left side worse than right, from repetitive sprain/ strain injury. The patient rates her average pain as 8/10 on the pain scale. According to [REDACTED] report on 06/05/2014, diagnostic impressions are: 1. Left forearm sprain, 2. Ulnar shortening osteotomy with impaction syndrome performed on 01/17/2008, 3. Chronic pain in the left forearm due to above, 4. Possible complex regional pain syndrome Type 1- CRPS 1. The utilization review determination being challenged is dated on 07/08/2014. [REDACTED] is the requesting provider, and he provided 2 treatment reports on 06/05/2014 and 07/10/2014 (post utilization review).

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture #6 sessions to the neck: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The patient presents with pain in her neck, shoulder and forearms. The request is for 6 sessions of acupuncture for the neck. MTUS do not mention acupuncture. ACOEM guidelines allow 4-6 sessions of acupuncture treatments for neck complaints for an initial trial and up to 1-3 sessions per week, 1-2 month with functional improvement. In this case, the reports are sparse but there is no evidence that the patient has tried acupuncture. Given the patient's persistent pain, 6 session trial would appear reasonable. The request is medically necessary and appropriate.