

Case Number:	CM14-0116770		
Date Assigned:	08/04/2014	Date of Injury:	01/12/2012
Decision Date:	09/25/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/25/2014

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 licensed in Acupuncture and Chiropractic Care, 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 50 year old female who complains of neck pain, back pain and arm pain resulting from an injury sustained on 01/12/2012. Patient was using large scissors when she felt pain in her right middle finger and the finger then locked. MRI of the thoracic spine revealed the largest disk protrusion being 3.4 mm at T8. MRI of the cervical spine revealed the largest disk protrusion being 2.4mm at C4-5 and C5-6. MRI of the lumbar spine revealed a disk bulge and annular fissure/tear measuring 5.4 mm in neutral at L4-5, and 4.2 mm disk protrusion in extension at L5-S1. An MR-arthrogram of the left shoulder revealed evidence of impingement on the supraspinatus tendon and a full thickness tear; MR-arthrogram of the right shoulder revealed bright signal of the supraspinatus tendon near the insertion site, which may represent an intrasubstance tear, as well as spur formation of the AC joint. Bilateral wrist MRI's performed revealed extensor carpi ulnaris tendinosis bilaterally. Patient is diagnosed with shoulder/arm sprain, neck sprain, thoracic region sprain, lumbar region sprain, wrist sprain and sprain/strain of the hand. Per progress note dated 06/17/2014 pain level is stated at 6/10 in the C-Spine and T-Spine, 7/10 in the L-Spine, 6/10 in both shoulders, and 7/10 in both elbows, wrists and hands. Patient reports that the pain is constant and worse with activity. Patient had right carpal tunnel release on 08/03/2013. Additional treatment includes medications, intramuscular injection for pain, physical therapy, extracorporeal shock wave therapy, and acupuncture. Primary treating physician is requesting eight to twelve additional visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2-3 times per week for 4 weeks - bilateral shoulders, wrists, hands, neck, lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture Medical treatment Guidelines state 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. Time to produce functional improvement is 3-6 treatments, with a frequency of 1-3 times per week, and optimum duration of 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. Patient has had prior acupuncture treatment; however, documentation provided failed to evidence significant functional improvement. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per review of evidence and guidelines, the request is not medically necessary.