

Case Number:	CM14-0137501		
Date Assigned:	09/05/2014	Date of Injury:	05/15/2013
Decision Date:	10/02/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/25/2014

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 Board Certified in Chiropractic, has a subspecialty in Acupuncture 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 35 year old female with a date of injury of 5/15/2013. According to the progress report dated 4/16/2014, the patient complained of intermittent neck pain. The patient reported that the bilateral shoulder pain was 2-7/10. Significant objective findings include tenderness in the cervical and trapezial muscles. There was diminished range of motion in the cervical spine with muscle guarding. There was decreased range of motion in the shoulder, positive Speed's test, and positive impingement. The drop arm and apprehension test was negative. Sensorimotor exam was intact. There was no atrophy. In the bilateral wrist, Tinel's and Phalen's test was positive. The patient was diagnosed with cervical spinal strain, cervical radiculitis, overuse syndrome upper extremities, and clinical carpal tunnel.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED ACUPUNCTURE THERAPY FOR THE NECK, LOWER BACK AND UPPER EXTREMITIES 2-3 TIMES WEEKLY FOR 6 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guideline states that acupuncture may be extended if there is documentation of functional improvement as defined in section 9792.20(f). The provider requested that acupuncture be continued for the neck, lower back, and upper extremities 2-3 times a week for 6 weeks. The provider requested a total of 18 acupuncture sessions. There was no documentation of functional improvement from prior acupuncture therapy. Based on the guidelines, additional Acupuncture is not medically necessary at this time.