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| Case Number: | CM14-0155908 | | |
| Date Assigned: | 09/25/2014 | Date of Injury: | 12/27/2013 |
| Decision Date: | 10/27/2014 | UR Denial Date: | 08/28/2014 |
| Priority: | Standard | Application Received: | 09/23/2014 |

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 34-year-old female with the date of injury of 12/27/2013. According to the progress report dated 08/05/2014, the patient complained of cervical spine pain and bilateral shoulder pain. The cervical spine pain was rated at 7/10 with radiation to bilateral shoulder and arms. The bilateral shoulder pain was constant and rated at 5-6/10. There was numbness and tingling in the bilateral hands. Significant objective findings include positive EMG for mild carpal tunnel syndrome; the right was greater than the left. The patient was diagnosed with cervical spine sprain/strain, shoulder strain, myofasciitis, bilateral wrist strain, and mild carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x wk x 6 wks Bilateral Shoulders: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The acupuncture medical treatment guidelines recommend acupuncture for chronic pain. The guideline recommends a trial of 3-6 visits with a frequency of 1 to 3 times a week over 1 to 2 months to produce functional improvement. Based on the medical records,

there was no documentation that the patient had prior acupuncture care. Therefore a trial may be medically necessary. However, the provider has requested acupuncture two times a week for six weeks for the bilateral shoulders, bilateral wrists, and cervical spine, which exceeds the guidelines recommendation and therefore is not medically necessary at this time.

Acupuncture 2x wk x 6 wks Bilateral Wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The acupuncture medical treatment guidelines recommend acupuncture for chronic pain. The guideline recommends a trial of 3-6 visits with a frequency of 1 to 3 times a week over 1 to 2 months to produce functional improvement. Based on the medical records, there was no documentation that the patient had prior acupuncture care. Therefore a trial may be medically necessary. However, the provider has requested acupuncture two times a week for six weeks for the bilateral shoulders, bilateral wrists, and cervical spine, which exceeds the guidelines recommendation and therefore is not medically necessary at this time.

Acupuncture 2x wk x 6 wks Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The acupuncture medical treatment guidelines recommend acupuncture for chronic pain. The guideline recommends a trial of 3-6 visits with a frequency of 1 to 3 times a week over 1 to 2 months to produce functional improvement. Based on the medical records, there was no documentation that the patient had prior acupuncture care. Therefore a trial may be medically necessary. However, the provider has requested acupuncture two times a week for six weeks for the bilateral shoulders, bilateral wrists, and cervical spine, which exceeds the guidelines recommendation and therefore is not medically necessary at this time.