

Case Number:	CM14-0170704		
Date Assigned:	10/23/2014	Date of Injury:	12/29/2011
Decision Date:	11/21/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/15/2014

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 Chiropractic & 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:

Claimant is a 36 year old male who sustained a work related injury on 12/29/2011. Per a PR-2 dated 9/12/14, the claimant has neck stiffness and soreness and left wrist numbness and tingling. He self-treats with medication and exercise/brace. He notes that acupuncture treatment has helped. His diagnoses are cervical musculoligamentous sprain/strain with left upper extremity radiculitis, left shoulder strain, left elbow strain with ulnar nerve subluxation, left wrist mild to moderate carpal tunnel syndrome, internal medicine complaints, and psychiatric complaints. He has restricted range of motion of the cervical spine, with tenderness in the cervical spine, and left wrist. Tinel's sign and Phalen's test are positive. There is decreased sensation in the median nerve distribution. Per a PR-2 dated 9/12/2013, the claimant noted improvement of his left elbow with a self-guided home exercise program utilizing oral medication and a course of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment two times a week for three weeks to the cervical spine and left wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration with reported benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.