

Case Number:	CM14-0029402		
Date Assigned:	06/20/2014	Date of Injury:	02/09/2011
Decision Date:	07/17/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/07/2014

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 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 59 year old male with a date of injury of 2/29/2011. According to the report dated 2/04/2014, the patient complained of numbness and tingling involving all 5 fingers and palms bilaterally. The patient also complained of radiating pain at starts at the top of the shoulders and into both upper extremities. Significant objective findings include full range of motion in the bilateral upper extremities, negative Tinel's sign in the wrist and elbows and fair grip strength. The patient was diagnosed with chronic bilateral shoulder pain and positive nerve condition studies for left ulnar neuropathy across the elbow dated 2/2/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture two times a week for four weeks: Overturned

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. Records indicate that the patient has completed 8 acupuncture sessions from 1/06/2014 to 2/03/2014. According to the Utilization Review dated 3/3/2014, the patient was authorized an additional 3 acupuncture out of

the requested 8. The reviewer certified that 3 additional visits with a focus of moving the patient to home exercise program. The provider noted that acupuncture treatments have helped the patient. The provider reported that the patient showed functional improvements with medication reduction, symptoms reduction and was able to return to work. The patient is not interested in surgery. The acupuncture progress report dated 3/31/2014 noted that the patient completed 3 additional acupuncture sessions and that the patient had increased flexibility in his right shoulder. In addition, the patient's functional improvement was increased by 4% based on the Oswestry General Index. Based on the documentation of functional improvement and the acupuncture guidelines, the provider's request for additional acupuncture 2 times a week for 4 weeks is medically necessary.