

Case Number:	CM14-0035270		
Date Assigned:	06/23/2014	Date of Injury:	09/03/2012
Decision Date:	07/22/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/21/2014

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 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 32-year-old female with a date of injury of 09/03/2012. According to the progress report dated 2/20/2014, the patient complained of right shoulder, right wrist, and right ankle pain. The patient states that there was some numbness of the right hand. Significant objective findings include positive right shoulder impingement, positive right ankle tenderness, positive right wrist tenderness, positive right trap spasm, and positive scar over right shoulder, and decrease sensitivity of the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture 2 times per week for 4 weeks to right shoulder and right wrist:
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 Guidelines states that acupuncture may be extended if there is documentation of functional improvement. Records indicate that the patient had acupuncture treatment in the past. There was no documentation of functional improvement from prior acupuncture treatment. The provider stated that the patient had

significant improvement with activities of daily living including being able to walk farther, sit longer, and lie down longer, and moreover, the acupuncture has allowed her to stay free of the use of narcotics. There was no documentation of functional deficit noted before the initial acupuncture trial. In addition, there was no reduction in the dependency on continued medical treatment. There were no changes in her medication regimen before and acupuncture trial. The patient was recommended a right carpal tunnel release based on patient's longstanding symptoms and failure of nonoperative treatments. According to the acupuncture provider's note dated 4/28/2014, the patient reached a "plateau" indicating that acupuncture treatments may not be beneficial for the patient any longer. Based on the discussion above, the provider's request for additional acupuncture 2 times a week for 4 weeks is not medically necessary at this time.