

Case Number:	CM14-0040103		
Date Assigned:	04/09/2014	Date of Injury:	08/20/2012
Decision Date:	07/10/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/05/2014

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 Internal Medicine and is licensed to practice in New York. 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 applicant is a represented [REDACTED] female employee who has filed a claim for cumulative trauma injury to her neck, back, hands, left shoulder, and elbow beginning on 12/26/11 through 12/26/12. In August 2012, applicant expressed severe pain still with her neck and right hand. The applicant's job duties require her to cut and peel fruit with machinery and large knives. After informing her employer in August 2012, she went to her personal doctor where she received anti-inflammatory medication. Since then, the applicant has received conservative treatment with pain medication, 20 sessions of physical therapy concentrating on work hardening exercises, six certified sessions of Acupuncture beginning in November 2013. Diagnostic studies between March and May 2013 entail multiple MRI's of her neck, revealing multiple disc protrusions and arthritis, left shoulder revealing possible benign cyst, and her left wrist being unremarkable. Physical exam reveals decreased range of motion of the cervical spine with a positive axial compression test bilaterally, positive distraction test bilaterally and positive shoulder decompression test bilaterally. Motor and sensory exams were normal. There is decreased range of motion of the left elbow and both wrists. Tinel and Phalen 's tests were positive bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 SESSIONS OF ACUPUNCTURE THERAPY FOR THE CERVICAL SPINE, THORACIC SPINE, LUMBAR SPINE, BILATERAL SHOULDERS, LEFT ELBOW AND BILATERAL WRISTS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The documentation indicates that the claimant received six acupuncture treatments without a real benefit and increase in functional improvement. This was documented in the doctor's note from January 2013. Based on California Medical Treatment Utilization Schedule (MTUS) section 9792.24, one acupuncture treatments can be extended if functional improvement is documented as defined in 9792.20 (f). Medical necessity for the requested service has not been established. The requested service is not medically necessary.