MAXIMUS Federal Services

Case Number:	CM14-0169594		
Date Assigned:	10/17/2014	Date of Injury:	05/01/2013
Decision Date:	04/21/2015	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/14/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 injured worker is a 53-year-old male, who sustained an industrial injury on 5/1/13. He has reported cumulative trauma after repetitious work to the right shoulder, elbow, wrist, and low back. The diagnoses have included shoulder pain, elbow pain, right shoulder impingement syndrome, right wrist carpel tunnel syndrome, radiculitis of lower extremity, and lumbar disc displacement. Treatment to date has included medications, physical therapy, chiropractic, acupuncture, and conservative measures. Currently, as per the physician progress note dated 8/16/14, the injured worker complains of burning right shoulder pain that radiates down the arm to the fingers, associated with muscle spasms. The pain was rated 3-7/10 on pain scale with associated weakness, numbness and tingling in the hands and fingers. The right wrist has burning pain and muscle spasms rated 3-6/10 with associated weakness, numbness and tingling in the hands and fingers. He complains of burning low back pain radiating down to the bottom of his feet. The pain was rated 3-7/10 and associated with numbness and tingling in the bilateral extremities. He also admits to problems with sleeping due to pain. Physical exam revealed right shoulder crepitance with range of motion, tenderness to palpation, decreased range of motion and positive Cozen's sign. The right wrist revealed tenderness to palpation, decreased range of motion, and positive Tinel's, Phalen's and Finkelstein's tests. The bilateral upper extremities revealed decreased sensation and motor strength. The lumbar spine exam revealed decreased range of motion, tenderness, positive orthopedic tests, with decreased sensation to light touch in the bilateral lower extremities. The current medications included Gabapentin, Cyclobenzaprine, Menthol, Flurbiprofen, Tabradol, Synapryn, Fanatrex, Dicopanol and Deprizine. The Treatment

Plan included continuing medications for pain, and therapy to include Acupuncture 3xwk x 6wks right elbow/shoulder/wrist and lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3xwk x 6wks right elbow/shoulder/wrist and lumbar: 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 and no reported functional benefits. In addition, a request for 18 visits at one time is excessive. Therefore, further acupuncture is not medically necessary.