

Case Number:	CM14-0189552		
Date Assigned:	11/20/2014	Date of Injury:	01/22/2010
Decision Date:	01/08/2015	UR Denial Date:	10/12/2014
Priority:	Standard	Application Received:	11/13/2014

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 care, has a subspecialty in Acupuncture care 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 41-year-old male with a date of injury of 1/22/2010. According to the report dated 10/02/2014, the patient complained of neck pain. The provider noted that the patient completed 8 sessions of acupuncture and noted that it has helped the patient significantly. It was noted that the patient had better range of motion and strength in the left upper extremity. Significant objective findings include tenderness over the trapezius muscle. The patient was able to rotate to the left 30 degrees and 60 degrees on the right in the cervical spine. Flexion was at 40 degrees and extension was 10. The patient reported pain with motion. Motor strength of the upper extremity was 5/5. There was a diminished upper extremity reflex bilaterally and decreased sensation of the radial forearm, thumbs, and index finger. Range of motion in the left shoulder was 60 degrees in external rotation, 80 degrees in forward flexion, and 60 degrees in internal rotation. Impingement sign was positive on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guideline states that acupuncture may be extended with documentation of functional improvement. Records indicate that the patient had completed 8 acupuncture sessions. It was noted that the patient had better range of motion and strength in the upper extremity after acupuncture treatment. However, there was lack of documentation of functional improvement. The patient's objective findings were similar in reports dated 8/21/2014 and 10/02/2014. There was no functional improvement from the acupuncture sessions received. Therefore, the provider's request for 8 additional acupuncture sessions is not medically necessary.