

Case Number:	CM14-0196172		
Date Assigned:	12/04/2014	Date of Injury:	12/01/2004
Decision Date:	02/12/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/24/2014

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 Physical Medicine Rehab 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 claimant is a 45-year-old female who sustained a repetitive strain injury at work on 12/01/04. The attending physician report dated 10/27/14 indicates the claimant has constant neck pain radiating into both shoulders. A notation reveals that Diclofenac is minimally helpful. Exam findings indicate 40% limitation in cervical range of motion. Mild tenderness is noted in the cervical spine. Slight limitation is noted in the shoulders bilaterally. Positive impingement sign is noted. The claimant is performing physical therapy. The current diagnoses are: 1. Repetitive strain injury 2. Myofascial pain syndrome 3. Bilateral rotator cuff injury 4. Status-Post rotator cuff surgery 2006 5. Cervical strain/sprain The utilization review report dated 11/12/14 denied the request for Electro-Acupuncture 2 Times A Week for 3 Weeks to The Cervical Spine, Bilateral shoulder infrared, and myofascial release based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electro-Acupuncture twice (2) per week for three (3) weeks for the Cervical Spine, Bilateral Shoulders with Infrared, Myofascial Release: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant has persistent complaints of neck and shoulder pain bilaterally. The current request is for electro-acupuncture 2 times a week for 3 weeks to the cervical spine, bilateral shoulders with infrared, myofascial release. There is no documentation provided to indicate that the patient has had a trial of acupuncture care. The acupuncture medical treatment guidelines recommend electro-acupuncture in the treatment of chronic neck pain. The guidelines indicate time to produce functional improvement is 3-6 treatments with frequency of 1-3 times per week over 1-2 months. The current request falls within the medical guidelines and meets the medical criteria for recommendation; therefore, this request is medically necessary.