

Case Number:	CM14-0215441		
Date Assigned:	01/02/2015	Date of Injury:	03/28/2012
Decision Date:	02/28/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/22/2014

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 60year old female who reported neck, shoulder, and right wrist pain from injury sustained on 03/28/12. Mechanism of injury was not documented in the provided medical records. Patient is diagnosed with headaches, chronic neck sprain/strain, right shoulder rotator cuff syndrome, status post arthroscopy in 2012, right wrist carpal tunnel syndrome. Patient has been treated with medication, surgery, and physical therapy. Per medical notes dated 11/17/14, patient complains of pain in the cervical spine, bilateral shoulder, right wrist and hand. She rates her pain in the neck at 6/10 with radiation into bilateral upper extremity and head. Left shoulder pain is rated at 5/10 and right shoulder pain is rated at 6/10 which is intermittent and the same. Right wrist and hand pain is at 4/10, which is the same. Pain is made better with rest and medication. Pain is worse with hot or cold as well as activities. Examination revealed tenderness to palpation of the upper trapezius, bilateralshoulders, and right wrist dorsally with full range of motion of all injured areas. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture twice a week for six weeks for the 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 patient has not had prior Acupuncture treatment for right wrist. The patient has acupuncture authorized for cervical spine; however, provider recommended 12 acupuncture treatments for the right wrist which were non-certified by the utilization review. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.