

Case Number:	CM15-0001429		
Date Assigned:	01/12/2015	Date of Injury:	01/20/2014
Decision Date:	03/04/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/05/2015

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:

Claimant is a 46 year old male who sustained a work related injury on 1/20/2014. Prior treatment includes physical therapy, splinting, ganglion block, TENS, and medication. His diagnoses are reflex sympathetic dystrophy, periosteal hematoma, contusion, and acromioclavicular arthritis. Per a QME dated 11/3/2014, the claimant has burning stabbing pain and tightness in the mid forearm on the left side. He complains of numbness and tingling in the index middle and ring fingers. He has pain on the dorsum of the radius or laterally over the superficial radial nerve. He also has pain the left shoulder, tightness in the trapezius. It wakes him up at night. He has pain in the interscapular and suprascapular area. It also radiates into and bleed the deltoid insertion. He has pain in the olecrenan of the left elbow. He has stiffness of the left shoulder and elbow as well as fingers. He has gneeralized swelling of the left upper extremity with erythema and color changes typical of complex regional pain syndrome. Per a PR-2 dated 12/11/2014, the claimant has left forearm, wrist, and upper extremity pain and has had a recent increase due to cold weather. The ganglion block gave him relief for approximately ten days. An acupuncture trial is being requested at 2x6 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It appears that this is a request for an initial acupuncture trial. Evidenced based guidelines recommend a trial of acupuncture for chronic pain, but a request for 12 visits exceeds the recommended guidelines of six or less. If functional improvement is documented, further acupuncture may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, the provider should document functional improvement as a result of the completion of acupuncture. Also the duration and total amount of visits should be submitted.