

Case Number:	CM15-0101901		
Date Assigned:	06/04/2015	Date of Injury:	09/09/2008
Decision Date:	07/07/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/27/2015

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:

The injured worker is a 58-year-old female, who sustained an industrial injury on September 9, 2008. She reported injuries of the neck and bilateral upper extremities due to repetitive work duties. The injured worker was diagnosed as having cubital tunnel syndrome, chronic pain syndrome, myofascial pain, and rotator cuff syndrome. Diagnostic studies to date have included an MRI of the cervical spine, x-rays, and nerve testing. Treatment to date has included a home exercise program, herbs and pain medication. The medical records refer to prior treatment with acupuncture, but the specific dates and results of treatment were not included in the provided medical records. On May 1, 2015, the injured worker complains of constant, achy, numb, and burning pain of the right shoulder, which is rated 6/10. The pain worsens with activity. She also complains of headaches, numbness, joint pain, and depression. She has completed 6 sessions of acupuncture, which help improve activity tolerance, range of motion, and decrease stress and anxiety. The physical exam revealed mild swelling of the right forearm and bilateral hands. There was hypertonicity of the bilateral superior trapezius. The injured worker noted the prior 8 sessions of acupuncture had decreased her pain levels, improved her sleep and energy, decreased her headaches, and improved her driving and activity tolerance. The treatment plan includes an additional 8 sessions of acupuncture for the bilateral upper extremities for further rehabilitation and to solidify functional gains.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to the bilateral upper extremities (8 visits): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 8 acupuncture sessions which were non-certified by the utilization review. Patient has completed 24 acupuncture sessions. Requested visits exceed the quantity supported by cited guidelines. Patient has not had any changes to her work restriction. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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. No additional acupuncture care exceeding the guidelines is supported for medical necessity due to lack of extraordinary circumstances documented. Per review of evidence and guidelines, 8 acupuncture treatments are not medically necessary.