

Case Number:	CM15-0105791		
Date Assigned:	06/10/2015	Date of Injury:	02/10/2010
Decision Date:	07/13/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	06/02/2015

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 (IW) is a 62 year old female who sustained an industrial injury on 02/10/2010. She reported injury to the neck. The injured worker was diagnosed as having cervical spine discopathy; bilateral carpal tunnel; elbow epicondylitis; stress, and anxiety. Treatment to date has included physical therapy, medication management, and six visits acupuncture with electrical stimulation (07/11/2014) with no clinical indication of functional improvement. Currently (04/01/2015), the injured worker complains of aching and burning pain in the neck and shoulders. She has aching pain with numbness and pins and needles sensation in her elbow, and aching and stabbing pain with numbness and pins and needles sensation in the hands. She also complains of some headache. Prolonged sitting, standing, and walking is difficult. The IW uses creams and an occasional transdermal patch for pain relief. On examination of the cervical spine, there is midline tenderness, spasm and tightness in the posterior cervical musculature with bilateral trapezial spasm and tightness. Examination of the shoulders shows tenderness at the acromioclavicular joint with mild crepitus. There is tenderness over the medial and lateral epicondyles of the elbows. The worker has decreased grip strength, and there is tenderness at the carpal tunnel, tenderness in the bilateral extensor muscles, and positive Tinel's and Phalen's tests. Sensation is mildly diminished at the median nerve distribution. The plan is for acupuncture 2x4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The UR determination of 4/28/15 denied the treatment request for additional Acupuncture, 8 sessions to the patient's neck and bilateral upper extremities citing CAMTUS Acupuncture Treatment Guidelines. The patient past medical history of treatment includes prior courses of treatment with the most recent visits certified in July '14. The request for additional Acupuncture management, 8 sessions to the neck and upper extremities was not accompanied by objective clinical evidence of functional improvement following the prior course of care. The medical necessity for additional application of Acupuncture to the patient's neck and upper extremities was not supported by reviewed records or the CAMTUS Acupuncture Treatment Guidelines. Therefore the request is not medically necessary.