

Case Number:	CM15-0019395		
Date Assigned:	02/09/2015	Date of Injury:	04/28/2006
Decision Date:	04/17/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/03/2015

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 4/28/2006. The diagnoses have included right shoulder pain and chronic regional pain syndrome of the right upper extremity. Treatment to date has included acupuncture. Per the pain medication re-evaluation dated 12/31/2014, the injured worker complained of neck pain that radiated down to the bilateral upper extremities and to the fingers. The pain was accompanied by tingling in the bilateral upper extremities. She complained of low back pain radiating down the bilateral lower extremities. She also complained of ongoing headaches. The injured worker requested to return to acupuncture. The injured worker was noted to be depressed and tearful. Tenderness was noted on palpation of the bilateral hands. Range of motion of the bilateral hands was decreased due to pain. Atrophy was noted in the bilateral hands. Authorization was requested for acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 12 sessions for right shoulder: 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 12 acupuncture sessions, which were modified to 6 by the utilization review. Requested visits exceed the quantity of 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.