

Case Number:	CM15-0130273		
Date Assigned:	07/16/2015	Date of Injury:	12/17/2014
Decision Date:	08/13/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/06/2015

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 61-year-old female who sustained an industrial injury on 12/17/2014. Diagnoses include overuse tendinitis, left forearm and wrist; and radiculitis, left arm. Treatment to date has included medication and acupuncture. According to the progress notes dated 6/24/15, the IW reported continued burning-type pain from the base of the neck, radiating down the posterior lateral aspect of the left arm down to the hand. Soreness and pain of the left wrist and forearm had improved somewhat with acupuncture. On examination, there was tenderness of the trapezius muscle at the base of the left side of the neck. Range of motion (ROM) of the cervical spine was within normal limits. ROM of the bilateral elbows was normal. Diffuse tenderness was present along the volar and extensor surfaces of the left forearm with normal ROM of the left wrist. The left wrist was negative for Finkelstein's, Phalen's and Tinel's signs. There were no deficits noted in the neurological exam of the upper extremities. The notes indicated the electrodiagnostic testing of the left upper extremity on 5/12/15 was normal. A request was made for acupuncture evaluate and treat cervical spine and left arm/wrist twice weekly for four weeks (8 sessions) due to improvement achieved from early acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture evaluate and treat cervical spine 2x4 (8 sessions): 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 for cervical spine which were non-certified by the utilization review. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical records discuss improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. 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 or decrease in medication intake. Per review of evidence and guidelines, 2X4 acupuncture treatments are not medically necessary.

Acupuncture evaluate and treat left arm/wrist 2x4 (8 sessions): 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 2X4 acupuncture sessions for left arm and wrist which were non-certified by the utilization review. Medical records discuss improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. 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 or decrease in medication intake. Per review of evidence and guidelines, 8 acupuncture treatments are not medically necessary.