

Case Number:	CM15-0135604		
Date Assigned:	07/23/2015	Date of Injury:	08/27/2011
Decision Date:	08/20/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 49 year old male, who sustained an industrial injury on 08-27-2011 secondary to scaffolding moving and crushing fingers. On provider visit dated 05-12-2015 the injured worker has reported neck pain, thoracic pain, low back pain, left shoulder pain, right shoulder pain, status post bilateral carpal tunnel release, right wrist-hand pain and left wrist-hand pain. On examination of the cervical spine revealed a decreased range of motion. Tenderness in the thoracic spine was noted as diffuse with limited range of motion. Lumbar spine was noted to have spasm with a decreased range of motion. Bilateral shoulder tenderness and positive impingement signs were noted. Positive Tinel's-Phalen's sign were bilaterally noted in wrist. The diagnoses have included crushing injury of hands. Treatment to date has included medication, physical therapy, cortisone injections, ice and home exercise program. The provider requested acupuncture two times six.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture two times six: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant has a cumulative trauma injury with date of injury in August 2011 and continues to be treated for pain throughout the spine and bilateral shoulder and wrist / hand pain. When seen, there was decreased range of motion throughout the spine with tenderness. There was decreased upper extremity and lower extremity sensation and decreased lower extremity strength. Straight leg raising was positive bilaterally. There was decreased shoulder range of motion with tenderness and positive impingement testing. Phalen and Tinel testing was positive with decreased grip strength bilaterally. Chiropractor and 12 acupuncture treatments were requested. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented with a frequency of 1 to 3 times per week and optimum duration of 1 to 2 months. In this case, the number of initial treatments requested is in excess of guideline recommendations. The requested acupuncture treatments were not medically necessary.