

Case Number:	CM15-0136057		
Date Assigned:	07/24/2015	Date of Injury:	10/10/2014
Decision Date:	08/26/2015	UR Denial Date:	07/08/2015
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: 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 55-year-old female, who sustained an industrial injury on 10/10/2014. The details of the initial injury were not documented in the medical records submitted for this review. Diagnoses include cervical disc protrusion with nerve root compression, right shoulder rotator cuff tear and tendinitis, right elbow epicondylitis and carpal tunnel syndrome. Treatments to date include acupuncture treatments. Currently, she complained of pain in the right neck and shoulder and the right elbow and wrist. On 5/7/15, the physical examination documented tenderness in the cervical spine with a positive compression test. The right shoulder demonstrated a positive Apley's test. The right elbow was tender on palpation. The plan of care included eight acupuncture therapy sessions, electro acupuncture application modality to the neck, right shoulder, right elbow and right wrist/hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture therapy to the neck, right shoulder, right elbow and right wrist/hand (8 visits): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Provider requested initial trial of 8 acupuncture sessions for neck, right shoulder, right elbow and right wrist which were modified to 6 by the utilization review. Per guidelines, 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial 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, 8 Acupuncture visits are not medically necessary.