

Case Number:	CM15-0136327		
Date Assigned:	07/24/2015	Date of Injury:	05/28/2008
Decision Date:	08/27/2015	UR Denial Date:	06/18/2015
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 33 year old female, who sustained an industrial injury on 5/28/08. The documentation noted on 6/1/15 that the injured worker was seen for her right shoulder and cervical spine. The documentation noted that he injured worker was approximately five months pregnant. The documentation noted that he injured worker was previously referred for acupuncture which was approved but she was unable to find a specialist to deal with pregnant patients. The documentation noted on evaluation her range of motion was restricted in all planes. The diagnoses have included pain in joint, shoulder region. Treatment to date has included lumbar facet joint injections and electromyography on 1/9/15 showed entrapment neuropathy of the median nerve at eh right wrist with mild to moderate slowing of nerve conduction velocity (carpal tunnel syndrome). The request was for acupuncture for the right shoulder and cervical spine (8-10 visits).

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the right shoulder and cervical spine (8-10 visits): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient complained of right shoulder and cervical spine pain. The Acupuncture Medical Treatment guidelines recommend 3-6 visits over 1-2 months to produce functional improvement. Upon review of the submitted reports, it appears that the patient has not had any acupuncture treatment for her condition. Therefore, an acupuncture trial is appropriate. However, the provider's request for 8-10 sessions exceeds the guidelines recommendation for an initial trial and therefore the provider's request is not medically necessary and appropriate at this time. The patient was authorized 6 sessions out of the 8-10 sessions requested. There was documentation of the outcome from the 6 authorized sessions. Additional acupuncture sessions may be medically necessary if there is documentation of functional improvement.