

Case Number:	CM15-0139391		
Date Assigned:	07/29/2015	Date of Injury:	04/10/2009
Decision Date:	09/18/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/17/2015

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: 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:

This injured worker is a 40 year old female who reported an industrial injury on 4-10-2009. Her diagnoses, and or impression, were noted to include: right shoulder impingement; right lateral and medial epicondylitis; carpal tunnel syndrome; and acquired trigger finger. No current imaging studies were noted. Her treatments were noted to include: trigger finger release; physical therapy; medication management; and modified work duties. The progress notes of 1-12-2015 reported continued pain in her right hand for which she took medications as needed. Objective findings were noted to include: tenderness to the cervical para-vertebral muscles that were with decreased range-of-motion; tenderness and positive impingement to the right shoulder; tenderness with positive Tinel's to the right elbow; and tenderness with reduced grip strength and sensation in the right hand, and fourth distal phalanx. The physician's requests for treatments were noted to include acupuncture treatments for the entire right upper extremity, shoulder and neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the right hand, right wrist, right elbow, right shoulder, right upper extremity, three times weekly for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. Given the patient continued symptomatic despite previous care (physical therapy, oral medication, work modifications and self-care) an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the provider requested initially 12 sessions, which is significantly more than the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive, the request is not medically necessary.