

Case Number:	CM15-0141493		
Date Assigned:	08/05/2015	Date of Injury:	01/20/2014
Decision Date:	09/01/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/21/2015

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 51-year-old female, who sustained an industrial injury on 01-20-2014. She has reported injury to the right hand, right wrist, right upper arm, right thumb, right elbow, right shoulder, left arm, left elbow, and left shoulder. The diagnoses have included bilateral De Quervain's tenosynovitis; bilateral wrist tenosynovitis; bilateral lateral epicondylitis; and right median nerve flattening on the MRI may be indicative of right carpal tunnel syndrome. Treatment to date has included medications, diagnostics, bracing, acupuncture, and physical therapy. Medications have included Ibuprofen, Celebrex, Cymbalta, Omeprazole, Flexeril, and Voltaren Gel. A progress note from the treating physician, dated 06-10-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of right wrist and right arm pain and shoulder pain, which she describes as burning pain; left wrist, left elbow, and left shoulder pain; her pain level has increased; she has left hand numbness and tingling; and Flexeril helps with her muscle spasms and pain. Objective findings included she is no apparent distress; anatomical alignment of the shoulder is well-preserved; palpation over the acromioclavicular joint is painless; there is no tenderness to palpation at the rotator cuff anteriorly; there is tenderness in the right supraspinatus and left supraspinatus area; shoulder ranges of motion are within normal limits; various impingement maneuvers are positive in the right shoulder; stress testing of the anterior and posterior capsular structures reveals no evidence of shoulder instability or apprehension; no swelling is noted in the elbow region; there is tenderness in the lateral epicondyle bilaterally; there is no instability to varus and valgus stress testing; Cozen test and resisted wrist flexion do reproduce pain; she has tenderness over the first dorsal

compartment and over the extensor pollicis longus bilaterally; tenderness over the articulation of the carpal ulnar area over the volar surface of the right wrist; she does have swelling in the right wrist; Phalen test and Tinel sign are positive bilaterally; and Finkelstein test is positive on the right. The treatment plan has included the request for acupuncture quantity: 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture QTY: 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration and had subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.