

Case Number:	CM15-0144079		
Date Assigned:	08/05/2015	Date of Injury:	07/31/2011
Decision Date:	08/31/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/24/2015

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:

This injured worker is a 37 year old male who reported an industrial injury on 7-31-2011. His diagnoses, and or impression, were noted to include: cervical radiculopathy; bilateral shoulder impingement; status-post right shoulder rotator cuff repair; bilateral elbow tendinitis; and bilateral wrist tendinitis. No current imaging studies were noted. His treatments were noted to include acupuncture treatments - effective; medication management; and a return to full duty work. The progress notes of 6-18-2015 reported a new orthopedic physician's evaluation, who was taking over primary care, for complaints of neck pain, bilateral shoulder pain, bilateral elbow pain, and bilateral wrist pain that radiated down the bilateral upper extremities, right > left, associated with numbness, tingling and weakness, and resulting in difficulty with activity and grasping. Objective findings were noted to include tenderness, spasms and guarding in the para-vertebral muscles of the cervical spine; decreased range-of-motion; decreased dermatomal sensation; positive impingement over the bilateral shoulders that were with loss of muscle strength; tenderness over the epicondyles and bilateral elbows, with decreased range-of-motion; and positive Phalen's and reverse Phalen's testing over the bilateral wrists that were with decreased grip strength and range-of-motion. The physician's requests for treatments were noted to include additional acupuncture treatments for the cervical spine, and bilateral shoulders, wrists and elbows. Per a PR-2 dated 6/18/2015, the claimant states acupuncture, massage and shockwave therapy were very helpful and greatly benefited from these. The claimant also states that acupuncture helped increase his functional capacity, facilitate activities of daily living, and also help reduce his need for taking oral pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3x4 cervical spine, bilateral shoulder/elbow/wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, 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 and stated functional benefits. However, the provider fails to document any objective measurable functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.