

Case Number:	CM15-0147355		
Date Assigned:	08/10/2015	Date of Injury:	05/02/2006
Decision Date:	09/11/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/30/2015

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 50 year old female, who sustained an industrial injury on May 2, 2006. She reported pain and discomfort in her neck, right shoulder, low back, bilateral elbows, wrists and hands. Treatment to date has included medication, surgery, physical therapy and home exercise program. Currently, the injured worker complains of neck pain rated at 9 on 10, bilateral shoulder pain rated at 9 on 10, left hand pain rated at 9 on 10 and back pain rated at 7 on 10. The injured worker is diagnosed with cervical musculoligamentous sprain-strain with attendant spondylosis. Her work status is temporary total disability. A progress note dated March 18, 2015, states the injured worker is not experiencing any therapeutic efficacy from her medication regimen. The therapeutic response to; surgery, physical therapy and home exercise program was not included in the documentation. The following, six acupuncture treatments to the cervical spine and right shoulder with infra lamp and medical supply-kinesio tape is requested to reduce pain and improve her ability to engage in home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 acupuncture treatments to the cervical spine & right shoulder with infra lamp and medical supply/kinesio tape: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic): Kinesio tape (2015); ODG, Neck and Upper Back (Acute & Chronic): Kinesio tape (2015).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The utilization review report of July 21, 2015 modified the treatment request for six acupuncture visits to the cervical spine and right shoulder with infra lamp and medical supplies to include Kenisotape citing CA MTUS acupuncture treatment guidelines, and the MTUS treatment guidelines, Chapter 9 shoulder, ODG treatment guidelines, neck and upper back Kenisotape. The patient's past medical history of improvement for management of cervical and lumbar sprain/strain injuries including lateral epicondylitis and wrist tendinitis was reportedly progressively worse leading to the providers request for additional treatment, acupuncture management, six visits. The reviewed medical records do support the medical necessity for an initial trial of acupuncture for six visits with infrared but do not support the use of Kinesiotape as per the referenced CAMTUS/ODG Treatment Guidelines.