

Case Number:	CM15-0147974		
Date Assigned:	08/11/2015	Date of Injury:	11/12/2012
Decision Date:	09/09/2015	UR Denial Date:	06/25/2015
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 64-year-old female, who sustained an industrial injury on 11-12-12. Initial complaints were of right wrist and numbness in the right hand. The injured worker was diagnosed as having cervical spine sprain-strain; cervical spine referred pain to the right shoulder; cervical spine herniated nucleus pulposus; cervical myospasm; right shoulder sprain-strain; right elbow sprain-strain; right wrist sprain-strain. Treatment to date has included status post right carpal tunnel release (2-11-15); physical therapy; medications. Diagnostics studies included EMG/NCV study bilateral upper extremities (5-12-13); MRI right wrist (8-17-13); X-rays right wrist (8-17-13); MRI right shoulder and right elbow; MRI cervical spine (11-11-13). Currently, the PR-2 notes dated 8-12-15 indicated this was the Primary Treating Physician's Permanent and Stationary Report. The report is a chronological review of treatment since the industrial injury. The injured worker has a prior injury surgical history for bilateral foot surgery (1983), bilateral carpal tunnel release, right shoulder surgery (2007), right hand surgery (2004), left thumb surgery (2006) and left shoulder surgery (2010). She is a status post right carpal tunnel release of 2-11-15. Presenting complains are listed starting with cervical spine pain that is present on and off weekly and rates this pain as 4 out of 10 on a pain scale. She complains of right shoulder pain that is present on and off weekly and rates this pain as 3 out of 10 and reports "bouts of pain at the right extremity to the hand associated with numbness and tingling at the right hand." She complains of right elbow pain that is present on and off weekly and rates this pain as 2 out of 10. She experiences pain in the right upper extremity to the hand with associated numbness and tingling at the right hand. She also complains of right wrist pain rating it at 2 - 3

out of 10. She reports difficulty with activities of daily living such as writing and refrains from cooking due to pain in the right wrist and hand. She continues to experience weakness at the right upper extremity. She complains of psychiatric symptoms of anxiety and depression occasionally throughout the month and difficulty sleeping and deferred to psychologist for these symptoms. On physical examination, the provider documents a one-inch surgical scar at the wrist. She also has a 5-inch surgical scar at the right shoulder secondary to the surgery performed in 2007. The provider documents tenderness to palpation in the right cervical paraspinal muscles versus the left with hypertonicity, the right levator scapula and along the midline at the C4 to T2 spinal segments as well as the spine of the scapula. He also notes hypertonicity of the proximal mid trapezius. He documents pain at the right wrist anteriorly with numbness to palpation at the anterior wrist. On cervical range of motion, he notes slight cervical spine pain when maneuvers are performed with some limitations noted. He documents slight to moderate pain with range of motion of the right shoulder, right elbow and right wrist and hand. The orthopedic examination testing are documented as Jackson's Axial Compression and depression tests are slightly to positive on the right along with a positive impingement test as positive. Tinel's test was positive with slight pain at the right wrist. He notes a decreased sensation to pinwheel at the right lateral arm, medial and lateral forearm versus the left. Overall, he notes an increased hypersensitivity at the palmar aspect of the right hand as compared to the left. The provider explains under the heading "Interim History" he explains per date March 10, 2015 he requested acupuncture for the cervical spine, right shoulder and elbow. The provider is requesting authorization of acupuncture twice weekly for the right wrist (8 sessions) per 6-11-15 order.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture therapy, twice weekly, right wrist Qty: 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It is unclear whether the claimant has had prior acupuncture. If this is a request for an initial trial, twelve visits exceeds recommended guidelines. Evidenced based guidelines recommend a trial of acupuncture for chronic pain, but a request for 8 visits exceeds the recommended guidelines of six or less. If functional improvement is documented, further acupuncture may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, the provider should document functional improvement because of the completion of acupuncture. Also total amount completed visits should be submitted. Eight visits of acupuncture are not medically necessary.