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| Case Number: | CM15-0148625 | | |
| Date Assigned: | 08/11/2015 | Date of Injury: | 10/15/2007 |
| Decision Date: | 09/09/2015 | UR Denial Date: | 07/06/2015 |
| 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 47-year-old female, who sustained an industrial injury on 10-15-2007. The mechanism of injury is unknown. The injured worker was diagnosed as having lateral epicondylitis, cervicalgia, cervical disc degeneration, carpal tunnel syndrome and myalgia-myositis. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 6-24-2015, the injured worker complains of neck and bilateral upper extremities pain rated 7 out of 10 without pain medications and 4 out of 10 with medications. Physical examination showed decreased cervical range of motion, right trapezius tenderness, left lateral epicondyle tenderness and decreased range of motion in the right shoulder. The treating physician is requesting 6 sessions of acupuncture to the bilateral arm. She has been attending acupuncture. She does feel that this was helpful for her right trapezius. She has several sessions left, as she was approved for 12 sessions. She did find that acupuncture helped with her pain, and feeling of swelling of her BUE. She would like to continue with acupuncture. The acupuncturist submitted a neck pain disability questionnaire report, which showed improvement from 4/24/15 to 5/1/14 from 52% to 16%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 6 sessions bilateral arm: Overturned

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 with functional benefits. Neck pain disability index decreased from 52% to 16% with acupuncture. Therefore, six further acupuncture visits are medically necessary.