

Case Number:	CM15-0149456		
Date Assigned:	08/12/2015	Date of Injury:	06/10/2013
Decision Date:	09/10/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/31/2015

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 was a 39 year old female, who sustained an industrial injury, June 13, 2013. The injured worker previously received the following treatments Lamictal, Divalproex, functional restoration program, Hydrocodone, Voltaren gel, and H-wave unit. The injured worker was diagnosed with chronic pain syndrome of the right upper extremity improved, right shoulder impingement, mild carpal tunnel syndrome right hand, myofascial pain syndrome of the right shoulder, neck pain (cervicalgia) and headaches. According to progress note of March 30, 2015, the injured worker's chief complaint was neck, upper back, right shoulder, back and right arm problems. The neck pain was constant with turning of the head, tilting and moving of the right shoulder. The headaches were frequent to constant and can be associated with certain movements of the head and light. The pain in the right shoulder was going down the right arm 80-90% of the time and was associated with certain movements. There was some diminished sensation in the right index and thumb. The physical exam noted well preserved cervical posture. There was mild tenderness in multiple areas, which represented some improvement from the previous exam. There were areas of the bilateral upper trapezius and levator scapula with fibronodular thickening around the right periscapular and infraspinatus areas and in the scalenes of the neck. The inspection of the upper extremities in comparison showed slight atrophy in the right lateral and anterior deltoid. The shoulder abductors strength was 4 out of 5; otherwise the motor strength was normal at 5 out of 5. There was tenderness to the right anterior shoulder and proximal biceps. There was tenderness of the right shoulder girdle. The treatment plan included 6 sessions of acupuncture neck and right upper extremity and bilateral wrist splints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 6 sessions for right neck, shoulder and arm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The July 20, 2015 utilization review document for additional acupuncture visits, six visits to manage the patient's right neck, shoulder and arm sitting CAMTUS acupuncture treatment guidelines. Prior to this treatment request the medical records address the patient receiving 30 sessions of acupuncture and 30 sessions of physical therapy as well as FRPnd TENs application. The requesting provider failed to identify in the submitted report clinical evidence of functional improvement following acupuncture application leading to denial of requested care. The reviewed medical records do not establish the medical necessity for additional acupuncture care or comply with CAMTUS acupuncture treatment guidelines. Therefore the request is not medically necessary.