

Case Number:	CM15-0149563		
Date Assigned:	08/12/2015	Date of Injury:	12/02/2014
Decision Date:	09/14/2015	UR Denial Date:	06/25/2015
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 is a 47 year old male who sustained an industrial injury on 12-2-14 noticing numbness and burning to the left wrist that radiated to fingers. The mechanism of injury was unclear. He complained of left wrist pain and numbness. Radiographs were negative. On physical exam there was volar tenderness on palpation of the left wrist with diminished sensation, poor grip strength. There was right shoulder pain per 6-10-15 note but hardly decipherable. No industrial medications were decipherable. Diagnoses were wrist sprain, strain; trigger finger; pain in joint. Treatments to date include physical therapy; wrist brace; home exercise program. Diagnostics include electromyography, nerve conduction study (1-2015). On 6-1015 the treating provider requested acupuncture to the right shoulder twice per week for three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the right shoulder 2 time a week for 3 weeks, quantity: 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It appears that this is a request for an initial acupuncture trial. Evidenced based guidelines recommend a trial of acupuncture for chronic pain. 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. An initial trial of six acupuncture visits would be necessary for the right shoulder with proper documentation. The provider has failed to do an examination of the shoulder or functional limitations of the shoulder. Since there is no documentation of functional deficits or an examination of the shoulder, an acupuncture trial of six visits is not necessary at this time.