

Case Number:	CM15-0164268		
Date Assigned:	09/10/2015	Date of Injury:	09/16/2013
Decision Date:	10/13/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/21/2015

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, Montana

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 55 year old female who sustained an industrial injury on 09-16-2013. Diagnoses include pain in joint of bilateral forearms, bilateral wrist sprains, and encounter for long term use of medications. A physician progress note dated 04-21-2015 documents the injured worker complains of diffuse pain in her hands, wrists, forearms and in her shoulders and upper back. She cannot pinch or grasp because of pain around her thumb. She has sporadic tingling. On examination there is decreased sharp-dull discrimination over the bilateral radial digits. She has a positive Tinel's and Phalen's. There is positive CMC grind bilaterally, and her bilateral shoulders show mild pain and weakness to supraspinatus testing. She has positive impingement. With this visit she was diagnosed with bilateral first CMC joint osteoarthritis; rule out bilateral carpal tunnel syndrome and painful bilateral shoulders. On 05-08-2015 she has continued pain in the bilateral shoulders and arms. She rates her pain as 6-10 out of 10. Celexa was changed to Bupropion which she takes daily. Treatment to date has included diagnostic studies, medications, acupuncture, hand therapy, home exercises, modified duty and splinting. It is documented with the 05-08-2015 physician note that none of the interventions to date has helped significantly, other than temporary modest improvement. On 08-03-2015 the Utilization Review non certified the request for Acupuncture Qty: 8.00 due to the injured worker had already tried acupuncture without relief and medical records are also not consistent with any new or acute flare for which it could be recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Qty: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 8 acupuncture sessions which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 8 acupuncture treatments are not medically necessary.