

Case Number:	CM15-0166112		
Date Assigned:	09/03/2015	Date of Injury:	08/06/2013
Decision Date:	10/06/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	08/24/2015

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 44-year-old female, who sustained an industrial injury on August 6, 2013. Treatment to date has included opioid medications, diagnostic imaging, and home exercise program. Currently, the injured worker complains of pain and tightness in her neck, bilateral shoulders, right arm, right elbow, right hand and right wrist. She reports muscle spasms. On physical examination, the injured worker has pain with cervical range of motion and has decreased right shoulder range of motion. She has cervical spine spasms at C1-C4. An MRI of the right elbow on April 2, 2015 reveals mild enlargement and edema of the ulnar nerve, ulnar neuropathy, and mild medial epicondylitis. The diagnoses associated with the request include shoulder sprain-strain, rotator cuff tear, and sprain-strain of the elbow and forearm. The treatment plan includes Cyclobenzaprine. A request was received for acupuncture therapy for the cervical spine, the right elbow, and the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two (2) times a week for four (4) weeks for the Cervical/Right Elbow, Right Shoulder, Cervical Spine QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM - Pain, Suffering, and the Restoration of Function Chapter, page 114.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The 8/24/2015 utilization review document denied the treatment request for eight acupuncture visits to manage the patient's cervical spine and right elbow complaints citing CA MTUS Acupuncture Treatment Guidelines. The reviewed medical records do reflect a prior course of acupuncture treatment that the frequency of treatment in the total number of applied visits was not addressed in the request for additional care. There was no documentation in the reviewed records prior to this request of any objective functional gains from prior treatment contrary to the prerequisites for consideration of additional care per CA MTUS acupuncture treatment guidelines. The medical necessity for the additional eight acupuncture visits to manage the cervical spine and right elbow was not found in the reviewed medical records or consistent with the prerequisites for consideration of additional treatment per CA MTUS acupuncture treatment guidelines. This request is not medically necessary.