

Case Number:	CM15-0166347		
Date Assigned:	09/04/2015	Date of Injury:	02/10/2015
Decision Date:	10/06/2015	UR Denial Date:	07/27/2015
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: 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:

This 60 year old male sustained an industrial injury to the neck, right shoulder and left hand on 2-10-15. The injured worker later developed right hand pain due to compensation. Previous treatment included injections and medications. Magnetic resonance imaging cervical spine (4-5-15) showed disc herniation with central canal stenosis and mild deformity of the cord. Electromyography and nerve conduction velocity test bilateral upper extremities (5-26-15) showed distal latency delay in median motor nerve bilaterally and chronic neuropathic findings in adductor pollicis muscles, suggestive of bilateral carpal tunnel syndrome. In a PR-2 dated 6-3-15, the injured worker complained of continuing moderate intermittent pain in both hands and wrists. The injured worker stated that after prolonged strenuous activity the tips of all his fingers went numbness. Physical exam was remarkable for cervical spine with increased tone, tenderness to palpation to bilateral trapezius and levator scapula muscles with guarding and mildly positive Cervical Distraction Test, right shoulder with tenderness to palpation and equivocal Supraspinatus Weakness Test on the right and left hand and wrist with minimal tenderness to palpation over the third and fourth metacarpals of the left hand with stability and no crepitus. Current diagnoses included left hand contusion, cervical spine sprain and strain with radicular complaints and right shoulder strain with impingement. The treatment plan included requesting magnetic resonance imaging and electromyography reports and requesting authorization for acupuncture twice a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the records reviewed on: 05-06-15 the provider requested acupuncture x8; work status: no lifting more than 20 pounds, 06-03-15 the provider requested additional acupuncture x8; work status: no lifting more than 20 pounds. On 06-22-15 acupuncture, x8 was authorized by the utilization review. The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. It is unreported the number of visits already completed and whether such care afforded any sustained, significant, objective functional improvement (quantifiable response to treatment) to support the reasonableness and necessity of the additional acupuncture requested. In addition the request is for acupuncture x 8, number that exceeds the guidelines criteria without a medical reasoning to support such request. Therefore, the additional acupuncture is not medically necessary.