

Case Number:	CM15-0168553		
Date Assigned:	09/09/2015	Date of Injury:	12/06/2010
Decision Date:	10/13/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/27/2015

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 62 year old female, who sustained an industrial injury on 12-6-2010. The current diagnoses are cervical radiculitis, right shoulder joint pain, and wrist joint pain. According to the progress report dated 7-30-2015, the injured worker complains of increasing pain. She notes that acupuncture reduced her pain from 8 out of 10 to 5 out of 10. It also increased her ability to function (raising her arm, comb hair, turning her head, and work). Her last session was one month ago and her pain has been escalating since then. She reports intermittent 7-8 out 10 pain in her right hand and wrist with radiation up to her right shoulder and neck. The pain is associated with numbness and tingling. The physical examination of the neck reveals loss of cervical lordosis, stiffness, tenderness to the paracervical, sternocleidomastoid, and trapezius muscles bilaterally, and limited range of motion with lateral rotation and extension. Examination of the right shoulder reveals tenderness in the trapezius and anterior shoulder. Examination of the right wrist reveals no significant findings. The medications prescribed are Tramadol, Meloxicam, and Thermacare. Treatment to date has included medication management, X-rays, physical therapy, MRI studies, acupuncture, and ergonomic evaluation. Work status is described as permanent modified work with the following restrictions: No overhead work, no lifting more than 5 pounds with the right arm and no typing more than 30 minutes without a 5 minute break. A request for 12 additional acupuncture sessions to the neck, right shoulder, and right wrist has been submitted. The original utilization review (8-14-2015) partially approved a request for 3 acupuncture sessions (original request was for #12).

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for Neck, Right Shoulder and Right Wrist, 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 12 acupuncture sessions for neck, right shoulder, and right wrist which were modified to 3 by the utilization review. Medical reports reveal evidence of changes and improvement in findings, revealing a patient who has achieved objective functional improvement to warrant additional treatment; however, requested visits exceed the quantity supported by cited guidelines as 3-6 sessions are sufficient to produce functional improvement. 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, 12 acupuncture treatments are not medically necessary.