

Case Number:	CM15-0183676		
Date Assigned:	09/24/2015	Date of Injury:	06/02/2011
Decision Date:	11/03/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/18/2015

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 41 year old female, who sustained an industrial injury on 6-2-11. The injured worker is undergoing treatment for carpal tunnel syndrome, medial and lateral epicondylitis, hand-wrist tenosynovitis, lumbar spondylosis, thoracic-lumbar radiculitis-neuritis, shoulder bursitis, myalgia, and myositis. Medical records dated 8-5-15 indicate the injured worker complains of wrist pain rated 4-5 out of 10 and back and left shoulder pain rated 2-3 out of 10. The treating physician indicates, "She only takes ibuprofen on a limited basis." Physical exam dated 8-5-15 notes elbow and wrist tenderness to palpation, and negative varus, valgus, Phalen's and median nerve compression tests. Treatment to date has included hydrocodone acetaminophen 5-325mg, ibuprofen 600mg, home exercise program (HEP), carpal tunnel release, physical therapy and acupuncture. The original utilization review dated 8-18-15 indicates the request for acupuncture 2 times a week for 4 weeks, bilateral forearms, bilateral wrist, bilateral shoulder; lumbar spine #8 is non-certified noting lack of documentation of functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 4 weeks, bilateral forearms, bilateral wrist, bilateral shoulder, lumbar spine #8: 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 2X4 acupuncture sessions for bilateral forearm, bilateral wrists, bilateral shoulders and lumbar spine which were non-certified by the utilization review. Medical notes mention "significant improvement"; however, documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. 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. Per review of evidence and guidelines, additional 2X4 acupuncture treatments for bilateral forearms, bilateral wrists, bilateral shoulders and lumbar spine are not medically necessary.