

Case Number:	CM15-0191932		
Date Assigned:	10/05/2015	Date of Injury:	07/14/2014
Decision Date:	11/13/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/29/2015

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:

This 60 year old female sustained an industrial injury on 7-14-14. Documentation indicated that the injured worker was receiving treatment for lumbar strain, lumbar radiculopathy, myofascial pain, cervical spine sprain and strain, cervical spine radiculopathy, bilateral carpal tunnel syndrome and bilateral rotator cuff syndrome. Previous treatment included treatment included physical therapy, acupuncture, injections, transcutaneous electrical nerve stimulator unit and medications. In a PR-2 dated 4-22-15, the injured worker reported having increased pin in the right shoulder, especially with overhead activities. The injured worker was taking medications and using transcutaneous electrical nerve stimulator unit with benefit. Physical exam was remarkable for "decreased" range of motion to the neck by 10% in all planes with spasms in the right trapezius, "decreased" right shoulder strength and intact reflexes in bilateral upper extremities. The treatment plan included acupuncture, right shoulder trigger point injections and medications (Omeprazole, Neurontin, Flexeril, Naproxen Sodium and Lidopro). In a PR-2 dated 8-26-15, the injured worker reported having increased pain in the left shoulder, especially with overhead activities. The injured worker also complained of right shoulder and bilateral hand pain. Physical exam was remarkable for range of motion decreased by 10% in all planes to the neck and both shoulders with spasm in bilateral trapezius, positive compression test, positive left shoulder impingement, decreased sensation in bilateral hands and positive trigger points in the right trapezius. The injured worker received a left shoulder injection during the office visit. The treatment plan included continuing medications (Naproxen Sodium, Omeprazole, Flexeril, Neurontin and Lidopro), bilateral wrist splints, continuing transcutaneous electrical nerve

stimulator unit and acupuncture. On 9-15-15, Utilization Review noncertified a request for acupuncture (duration and frequency unspecified).

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (duration & frequency unspecified): 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 unspecified frequency and duration of acupuncture sessions which were non-certified by the utilization review. Medical records mention decrease in pain with acupuncture; however, the documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. 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 treatments. 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, additional acupuncture treatments are not medically necessary.