

Case Number:	CM15-0195764		
Date Assigned:	10/09/2015	Date of Injury:	08/10/2010
Decision Date:	11/24/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/05/2015

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 53 year old female who sustained an industrial injury on 8-10-10. The injured worker reported discomfort in the spine, left shoulder, bilateral elbows and left wrist. A review of the medical records indicates that the injured worker is undergoing treatments for cervical myospasms, cervical radiculopathy, cervical sprain strain, thoracic sprain strain, left shoulder impingement syndrome, left shoulder sprain strain, right elbow sprain strain, right lateral epicondylitis, left elbow sprain strain, left lateral epicondylitis, left carpal tunnel syndrome, left wrist sprain and strain. Medical records dated 9-16-15 indicate pain rated at 7 to 8 out of 10. Provider documentation dated 10-1-15 noted the work status as "Remain off work until 11-15-15". Treatment has included Acetaminophen since at least April of 2015, cervical spine magnetic resonance imaging (5-14-12), left wrist magnetic resonance imaging (5-14-12), wrist support, home exercise program, compound cream, and acupuncture treatment. Objective findings dated 9-16-15 were notable for tenderness to palpation to the cervical paravertebral muscles, bilateral trapezial muscles, thoracic paravertebral muscles, anterior elbow, dorsal and volar wrist. The original utilization review (9-17-15) denied a request for Acupuncture 2 times a week for 3 weeks to cervical spine, thoracic spine, left shoulder, both elbows, both wrists.

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 3 weeks to cervical spine, thoracic spine, left shoulder, both elbows, both wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, and Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The Acupuncture Treatment guidelines states that acupuncture may be extended with documentation of functional improvement. The patient complained of spine, left shoulder, bilateral elbows and left wrist. According to the report dated 6/19/2015, the patient reported that acupuncture provided short lasting relief. However, there was no documentation of functional improvement from prior acupuncture session. Therefore, the provider's request for 6 acupuncture session is not medically necessary at this time.