

Case Number:	CM15-0202521		
Date Assigned:	10/19/2015	Date of Injury:	06/08/2011
Decision Date:	12/09/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/15/2015

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 44 year old female who sustained an industrial injury on 06-08-2011. A review of the medical records indicated that the injured worker is undergoing treatment for cervical myospasm, cervical radiculopathy, cervical sprain and strain, thoracic muscle spasm, sprain and strain, right shoulder impingement syndrome and right shoulder tenosynovitis. According to the treating physician's progress report on 08-31-2015, the injured worker continues to experience neck pain and stiffness radiating to the right ear, right shoulder and thoracic pain with weakness, cramping, numbness and tingling and occasional moderate lumbar spine pain rated at 8 out of 10 on the pain scale. Examination of the cervical spine demonstrated tenderness to palpation and spasm of the bilateral trapezii and cervical paravertebral muscles with a positive cervical compression and foraminal compression tests. There was hypolordosis and painful decreased range of motion by 5 degrees at extension and bilateral lateral bending. The thoracic spine was tender at the thoracic paravertebral muscles with muscle spasm and Kemp's test causing pain. The lumbar spine demonstrated tenderness to palpation and spasm of the lumbar paravertebral muscles with positive straight leg raise and Kemp's bilaterally. An antalgic lean was noted with motor strength of the hamstrings at 4 out of 5 and decreased sensation bilaterally. The right shoulder noted tenderness to palpation of the acromioclavicular joint, supraspinatus, anterior and lateral shoulder with a positive Neer's. The right supraspinatus motor strength was 4 out of 5 with decreased, painful range of motion. An interpretation within the progress notes dated 08-17-2015 noted a bilateral upper extremity Conduction Velocity (NCV) study revealed carpal tunnel syndrome and an Electromyography (EMG) was normal.

There was no discussion or official reports of Magnetic resonance imaging (MRI)'s within the review. Prior treatments have included diagnostic testing, physical therapy (unknown quantity and results) acupuncture therapy (unknown quantity, body area and results documented), activity modification and medications. Current medications were listed as Diclofenac, Gabapentin and Pantoprazole. Treatment plan consists of physical therapy, orthopedic surgical consultation for the right shoulder, extracorporeal shockwave therapy for the right shoulder and on 08-31-2015 the provider requested authorization for 6 sessions of acupuncture (1 of more needles 15 minutes, 1 or more needles with re-insertion 15 minutes: infrared therapy). On 09-17-2015 the Utilization Review determined the request for 6 sessions of acupuncture (1 of more needles 15 minutes, 1 or more needles with re-insertion 15 minutes: infrared therapy) was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of Acupuncture (1 of more needles 15 min, 1 or more needles with re-insertion 15 min, infrared therapy): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic) - Infrared therapy.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The utilization review document of September 17, 2015 denied the treatment request for six sessions of acupuncture with infrared therapy to be provided between 8/31/15 and 12/15/15 to the patient's neck, upper and middle back, lower back and right shoulder citing CA MTUS acupuncture treatment guidelines. The patient's treatment history includes an unknown number of completed physical therapy visits and acupuncture visits. The reviewed medical records failed to address what functional improvement was derived from the initial trial of acupuncture if completed or the medical necessity for continuation of acupuncture management. The CA MTUS acupuncture treatment guidelines require clinical evidence of objective improvement prior to consideration of additional care of which none was provided leading to denial of requested acupuncture, six visits, therefore the requested treatment is not medically necessary.