

Case Number:	CM15-0205546		
Date Assigned:	10/22/2015	Date of Injury:	09/23/2010
Decision Date:	12/03/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/20/2015

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 63 year old female who sustained an industrial injury September 23, 2010. Past history included cervical spine surgery with fusion C5-6 2011 and fusion C7-T1 2013, hypertension, and diabetes. Past treatment included physical therapy, acupuncture (completing 8 sessions as of September 17, 2015), medication, and injection to shoulder. According to a treating physician's progress report dated October 2, 2015, the injured worker presented with complaints of pain in the wrists and left shoulder, rated on average 8 out of 10. She is wearing left wrists splints at night and is helpful. She reports her mind is clearer since tapered from Neurontin and finds Flexeril and Norco help her function through the day. She reports finishing acupuncture treatment and would like to continue. She performs an exercise program; stretching, walking 1-2 miles four times a week. Objective findings included: cervical spine- anterior scar, moderate tenderness to palpation C3-4, C4-5 disc segment, trigger points in the paraspinal and scapular muscles, painful range of motion, Spurling's negative; left shoulder- evidence of left AC joint arthropathy, left rotator cuff tenderness, range of motion painful and reduced by 25%, Speed's test, Supraspinatus test, Hawkin's positive left; weakness in the left C7-8 myotome, reduced left hand and forearm to pinprick and light touch, Tinel's sign, modified Phalen's test negative. Diagnoses are radiculopathy, cervical region; other disc displacement, mid-cervical region; spinal stenosis, cervical region. Treatment plan included a urine toxicology obtained, medication prescribed, continue with exercises and daily walking, and at issue, a request for authorization dated October 7, 2015, for acupuncture x 8 sessions. An MRI of the left shoulder following arthrogram dated October 9, 2015, (report present in the medical record)

impression posteroinferior extension of intra-articular contrast through the IGL suggesting a tear of the IGL (inferior glenohumeral ligament); negative for visible rotator cuff tear or labral tear. According to utilization review dated October 14, 2015, the request for Acupuncture x (8) is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The utilization review completed on 10/14/15 denied the treatment request for additional acupuncture treatment, eight visits to the patient's left shoulder and bilateral wrists citing CA MTUS acupuncture treatment guidelines. The patient's past medical history of treatment includes 20 acupuncture visits with no submitted documentation of functional improvement as required by CA MTUS acupuncture treatment guidelines. The reviewed medical records failed to document clinical evidence of objective functional improvement after completion of the initial 20 acupuncture visits or comply with the prerequisites for consideration of additional care per CA MTUS acupuncture treatment guidelines.