

Case Number:	CM15-0206324		
Date Assigned:	10/23/2015	Date of Injury:	10/29/2004
Decision Date:	12/08/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/21/2015

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 55 year old female, who sustained an industrial injury on 10-29-2004. Diagnoses include right trapezius chronic strain, carpal tunnel syndrome, cervical sprain-strain, and periscapular syndrome. Treatments to date include activity modification, wrist brace, 18 physical therapy sessions, home exercise, 6 acupuncture treatment sessions, anti-inflammatory, and trigger point injections. Per a Pr-2 dated 8/19/2015, the claimant has completed 6 prior acupuncture sessions and it has helped her significantly. She feels at least 40% improvement in reduction of pain. She is able to sleep better in tolerate many of her activities of daily living for longer periods of time. On 6-26-15, the record documented completion of six (6) acupuncture treatment sessions with functional improvement in neck and wrist and 40% improvement in pain and symptoms. An additional six acupuncture sessions were requested at that time. On 9-11-15, she complained of ongoing right wrist symptoms. The medical record indicated improvement in the neck with physical therapy. The physical examination documented a positive Tinel's sign on the right and tenderness along the thenar eminence. The plan of care included additional physical therapy and possible cortisone injection with orthopedics. The appeal requested authorization for eight (8) acupuncture therapy sessions, twice per week for four weeks to cervical spine and right shoulder. The Utilization Review dated 9-22-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 acupuncture visits, 2 times per week for 4 weeks, cervical spine & right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration and had subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.