

Case Number:	CM15-0025388		
Date Assigned:	02/17/2015	Date of Injury:	05/27/2003
Decision Date:	04/02/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/10/2015

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 61 year old female, who sustained an industrial injury on May 27, 2003. The diagnoses have included cervical degenerative disc disease with radiculopathy, left carpal tunnel syndrome, and status post right carpal tunnel release. Treatment to date has included physical therapy, chiropractic treatments, TENS, acupuncture, and medications. Currently, the injured worker complains of chronic neck and bilateral upper extremity pain and numbness extending to her hands. The Treating Physician's report dated January 7, 2015, noted pain was elicited on deep palpation of the superior right shoulder, with pain present at the clavicle on the left. The injured worker's neck was noted to have limitation of motion on rotation, and a Tinel's test positive on the left. On January 15, 2015, Utilization Review non-certified acupuncture two (2) times a week for one (1) month, noting there was no documentation of functional benefit from previous acupuncture treatments. The MTUS Acupuncture Medical Treatment Guidelines was cited. On February 10, 2015, the injured worker submitted an application for IMR for review of acupuncture two (2) times a week for one (1) month.

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 one (1) month: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guideline states that acupuncture may be extended if there is documentation of functional improvement. Records indicate that the patient received acupuncture care in the past. According to the progress note dated 1/7/15, the provider reported that the patient has been going for acupuncture and states it was helpful. However, there was no documentation of functional improvement. Therefore, the provider's request for 8 acupuncture session is not medically necessary at this time.