

Case Number:	CM15-0028616		
Date Assigned:	02/20/2015	Date of Injury:	09/10/2012
Decision Date:	04/06/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/17/2015

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 51 year old female, who sustained a work related injury on 9/10/12. The diagnoses have included right shoulder joint pain, neck pain, right carpal tunnel syndrome, and right ulnar nerve entrapment. Treatments to date have included MRIs of cervical spine and right shoulder, MR arthrogram, oral medications, trigger point injections, acupuncture, modified work duties and EMG/NCS studies upper extremities. In the PR-2 dated 1/27/15, the injured worker complains of increased pain in her right arm that radiates from her neck to right upper arm. She states that previous acupuncture treatments helped with the pain. She states the pain wakes her up at night. She complains of tenderness to palpation of right shoulder joint. She has tenderness to palpation of neck musculature. She has some restricted range of motion with right shoulder. On 2/4/15, Utilization Review non-certified a request for acupuncture 2 x 3 for right arm. The California MTUS, Acupuncture Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 3 right upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guideline states that acupuncture may be extended with documentation of functional improvement. Records indicate that the patient was recently authorized 6 acupuncture session dated 1/15/2015. However, the outcome of the 6 authorized acupuncture sessions was not documented. In addition, the provider noted that the patient was able to manage pain better with acupuncture. There was no documentation of functional improvement gained from acupuncture. Therefore, the provider's request for 6 additional acupuncture session to the right upper extremity is not medically necessary at this time.