

Case Number:	CM15-0215600		
Date Assigned:	11/05/2015	Date of Injury:	01/23/2008
Decision Date:	12/22/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/02/2015

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:

This is a 56 year old female who sustained a work-related injury on 1-23-08. Medical record documentation on 9-29-15 revealed the injured worker was being treated for cervical strain, repetitive strain to the left and right shoulders, repetitive strain to the bilateral wrists and bilateral carpal tunnel syndrome. She reported numbness to the left hand and noted the left thumb was starting to lock. Her neck was improving with acupuncture. Objective findings included tenderness to palpation of the cervical-scapular region with guarding and a positive Tinel to the left elbow. She had tenderness to palpation of the left thenar eminence and left metacarpal phalangeal joint. Her left thumb had no definitive locking. EMG of the bilateral upper extremities revealed a mild plus mixed left ulnar nerve entrapment at the left elbow and mild sensory only right median nerve carpal tunnel at the wrist. An MRI of the cervical spine on 8-3-15 was unremarkable. A request for acupuncture two times a week for four weeks for the cervical spine and bilateral upper extremities was received on 10-9-15. On 10-16-15, the Utilization Review physician determined acupuncture two times a week for four weeks for the cervical spine and bilateral upper extremities was not medically necessary.

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 4 weeks, cervical spine, bilateral upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004, and 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 trial and had subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.