

Case Number:	CM15-0216055		
Date Assigned:	11/06/2015	Date of Injury:	05/26/2010
Decision Date:	12/24/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/03/2015

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 39 year old male who sustained an industrial injury on 5-26-10. A review of the medical records indicates he is undergoing treatment for cervical disc displacement, cervical sprain and strain, and overuse syndrome of bilateral upper extremities. Medical records (5-24-15, 6-24-15, 8-2-15, 9-13-15, and 10-7-15) indicate ongoing complaints of neck pain, bilateral wrist pain with tingling and weakness in the thumb and middle finger on the right side, and muscle tightness of the bilateral upper shoulders, affecting the right side more than the left. The injured worker reports that use of a computer keyboard makes it worse. Stretching and rest make it better. He also reports that, in the past, acupuncture has made his symptoms improve. The physical exam (10-7-15) reveals diminished range of motion of the cervical spine. "Moderate to severe" paraspinal muscle spasms are noted, more on the right side. The treating provider indicates that "right upper trapezius appear spasmodic". Phalen's test is positive bilateral with more tingling reported on the right side. The scaphoid-Lunate is tender to palpation on the right side more than the left. Treatment has included chiropractic treatment and "acupuncture in the past". The injured worker is working modified duty. Treatment recommendations include continued chiropractic manipulation and a request for acupuncture for bilateral wrist symptoms. The utilization review (10-9-15) includes a request for authorization of acupuncture evaluation and treatment two times a month for three months (six visits). The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 6 sessions for the bilateral wrists: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The Acupuncture Treatment guidelines state that acupuncture may be extended with documentation of functional improvement. The patient complained of neck pain, bilateral wrist pain with tingling and weakness in the thumb and middle finger on the right side, and muscle tightness of the bilateral upper shoulders. Records indicate that the patient has had acupuncture in the past. However, there was no documentation of functional improvement from prior acupuncture treatments. Therefore, the provider's request for 6 acupuncture session for the bilateral wrist is not medically necessary at this time.