

Case Number:	CM15-0217763		
Date Assigned:	11/09/2015	Date of Injury:	07/16/2012
Decision Date:	12/23/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/05/2015

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 71 year old male, who sustained an industrial injury on 7-16-2012. The medical records indicate that the injured worker is undergoing treatment for cervical spine sprain-strain with radicular complaints, status post left shoulder arthroscopy with residuals, right shoulder rotator cuff tendinitis-bursitis, and bilateral wrist sprain-strain. According to the progress report dated 9-2-2015, the injured worker presented with complaints of intermittent, moderate neck pain with radiation into bilateral shoulders and hands. He reports trouble sleeping due to left shoulder pain. He notes right shoulder pain due to overcompensation with his right arm. The level of pain is not rated. The physical examination of the bilateral shoulders reveals tenderness to palpation over the anterior-lateral acromion of the right shoulder and anterior shoulder joint of the left. There is spasm about the trapezius muscles. Neer's impingement test is positive on the left. Examination of bilateral elbows reveals tenderness to palpation over the right elbow. Tinel's test is positive at the cubital tunnel on the right. The current medications are not indicated. Previous diagnostic testing includes MRI studies. Treatments to date include medication management, physical therapy, and surgical intervention. Work status is described as retired. The original utilization review (10-14-2015) had non-certified a request for 8 acupuncture sessions to the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 8 visits to the bilateral upper extremities 2 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: It is unclear whether the claimant has had prior acupuncture. If this is a request for an initial trial, 8 visits exceeds recommended guidelines. Evidenced based guidelines recommend a trial of acupuncture for chronic pain, but a request for 8 visits exceeds the recommended guidelines of six or less. If functional improvement is documented, further acupuncture may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, the provider should document functional improvement as a result of the completion of acupuncture. Also total amount completed visits should be submitted. Eight visits of acupuncture are not medically necessary.