

Case Number:	CM15-0052638		
Date Assigned:	03/26/2015	Date of Injury:	09/13/2013
Decision Date:	05/07/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/19/2015

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 28 year old female, who sustained an industrial injury on 09/13/2013. She has reported subsequent neck, right shoulder and right wrist pain and was diagnosed with cervical spine sprain/strain with radicular complaints, right shoulder rotator cuff tendinitis/bursitis and right wrist tenosynovitis. Treatment to date has included oral pain medication, application of heat, massage, physical therapy and a home exercise program. In a progress note dated 01/21/2015, the injured worker complained of neck, right shoulder and right hand/wrist pain. Objective findings were notable for increased tone with associated tenderness about the paracervical and trapezial muscles, decreased range of motion of the cervical spine, palpable tenderness of the right shoulder, spasm of the trapezius muscles, reduced range of motion of the right shoulder, diffuse tenderness to palpation of the right wrist, positive Tinel's sign and decreased range of motion of the right wrist. A request for authorization of acupuncture of the cervical spine, right wrist and right shoulder was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for Cervical Spine, Right Wrist and Right Shoulder, 2 times weekly for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It is unclear whether the claimant has had prior acupuncture. If this is a request for an initial trial, eight visits exceeds recommended guidelines. Evidenced based guidelines recommend a trial of acupuncture for chronic pain, but a request for eight 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.