

Case Number:	CM15-0055709		
Date Assigned:	03/30/2015	Date of Injury:	08/18/2013
Decision Date:	05/05/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/23/2015

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 61-year-old male, who sustained an industrial injury on 8/18/13. He reported initial complains of cumulative trauma - bilateral wrist complaints. The injured worker was diagnosed as having shoulder/upper arm sprain strain; elbow/forearm sprain/strain; thoracic sprain/strain; lumbar sprain/strain; ankle sprain/strain; congenital nystagmus; inguinal hernia without mention of obstruction or gangrene; bilateral carpal tunnel syndrome; lumbar multilevel spondylosis with disc herniation. Treatment to date has included MRI right shoulders (1/23/14); ultrasound (1/30/15); Functional Capacity Examination (9/26/14); MRI left knee (9/24/14); EMG/NCV upper extremities (12/6/13); MRI lumbar spine (1/17/14); MRI left wrist (1/27/14); MRI right elbow (1/28/14); MRI left elbow (1/31/14); MRI right shoulder (3/7/14) and MR Arthrogram (3/4/14); MR Arthrogram left shoulder (4/30/14); MRI right wrist (4/24/14); medications. Currently, the PR-2 notes dated 2/15/15, the injured worker complains of bilateral shoulder intermittent severe sharp pain associated with reaching, grabbing, grasping, gripping, squeezing, pushing and pulling repetitively. The injured worker also complains of intermittent mild to sharp ventral hernia pain associated with walking and bending. The provider is asking for acupuncture therapy at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2xWk x 6Wks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 2X6 acupuncture sessions which were non-certified by the utilization review. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 2X6 acupuncture treatments are not medically necessary.