

Case Number:	CM15-0056246		
Date Assigned:	04/01/2015	Date of Injury:	06/09/2014
Decision Date:	05/06/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/24/2015

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 34 year old female, who sustained an industrial injury on 6/9/14. The injured worker has complaints of pain in the left side of the jaw. She complains of burning, radicular neck pain and muscle spasms and burning bilateral shoulder pain radiating down the arms and fingers. She complains of burning right wrist pain and muscle spasms and pain in the left hand and fingers. She complains of burning, radicular low back pain and muscle spasms. The diagnoses have included pain in the left side of the jaw; cervical spine radiculopathy; cervical spine pain; rule out cervical disc displacement; rule out bilateral shoulder internal derangement and bilateral shoulder pain. Treatment to date has included physical therapy; electrical stimulation; Magnetic Resonance Imaging (MRI) of the left shoulder and medications cyclobenzaprine, hydrocodone, naproxen, gapapentin and zolpidem. The request was for acupuncture of the left hand, 18 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture of the left hand, 18 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 275, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hand/wrist and forearm / Acupuncture.

Decision rationale: Patient has not had prior Acupuncture treatment. Provider requested initial trial of 18 acupuncture sessions which were non-certified by the utilization review. Per guidelines, 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 18 Acupuncture visits are not medically necessary.