

Case Number:	CM15-0059041		
Date Assigned:	04/03/2015	Date of Injury:	12/04/2013
Decision Date:	05/07/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/27/2015

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:

This 55 year old female sustained an industrial injury to the neck and left upper extremity on 12/4/13. Previous treatment included magnetic resonance imaging, left rotator cuff repair (11/6/14), physical therapy and medications. In a PR-2 dated 1/20/15, the injured worker complained of radicular neck pain with muscle spasms associated with numbness and tingling of the left upper extremity, left shoulder pain with radiation down the arm to the fingers associated with muscle spasms, left elbow pain with muscle associated with weakness, numbness, ting and pain radiation to the hand and fingers and left wrist pain with muscle spasms. The injured worker rated her pain 7-8/10 on the visual analog scale. Current diagnoses included cervical spine sprain/strain; rule out herniated nucleus pulposus, left shoulder sprain/strain, left elbow sprain/strain; rule out cubital tunnel syndrome and rule out left elbow epicondylitis, left wrist De Quervain's tenosynovitis; rule out left wrist carpal tunnel syndrome and rule out first carpometacarpal joint arthritis. The treatment plan included physical therapy and acupuncture three times a week for six weeks, a course of shockwave therapy (up to three treatments for each affected body part), electromyography/nerve conduction velocity test bilateral upper and lower extremities and medications (Terocine patches, Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine and Ketoprofen cream).

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3 Times a Week for 6 Weeks Cervical Spine, Left Shoulder, Left Wrist:
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, eighteen visits exceeds recommended guidelines. Evidenced based guidelines recommend a trial of acupuncture for chronic pain, but a request for 18 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. Eighteen visits of acupuncture are not medically necessary.