

Case Number:	CM15-0083404		
Date Assigned:	05/05/2015	Date of Injury:	10/08/2014
Decision Date:	06/17/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/30/2015

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 58 year old female who sustained an industrial injury on October 8, 2014. She has reported injury to the neck, bilateral shoulders, right elbow, low back, both palms, an all fingers of both hands due to repetitive typing and has been diagnosed with cervical spine sprain/strain with underlying degenerative disc disease, left shoulder sprain/strain with underlying AC joint osteoarthritis, right elbow lateral epicondylitis, left hand, first carpometacarpal joint pain, right hand, first carpometacarpal joint pain, and lumbar spine sprain/strain with underlying degenerative disc disease. Treatment has included medications, activity modification, medical imaging, injections, and physical therapy. Current examination of the cervical spine showed tenderness to palpation over the left upper trapezius and muscle spasm. The shoulders revealed tenderness to palpation over the anterior aspect of the left shoulder with extension. Range of motion was limited and painful. Bilateral elbows showed tenderness to palpation over the right lateral epicondyle. The wrist and hands revealed pain over the first web space bilaterally and over MP joint of the left index finger. The thoracolumbar spine revealed muscle spasm in the paralumbar musculature. Range of motion was painful and limited. The treatment request included 12 acupuncture sessions for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Acupuncture sessions for the right shoulder, once a week for 12 weeks, as an outpatient:
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, twelve visits exceeds recommended guidelines. Evidenced based guidelines recommend a trial of acupuncture for chronic pain, but a request for 12 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. Twelve visits of acupuncture are not medically necessary.