

Case Number:	CM15-0083492		
Date Assigned:	05/05/2015	Date of Injury:	10/08/2014
Decision Date:	06/18/2015	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 10/8/14. She reported pain in left shoulder, palms, all fingers and low back. The injured worker was diagnosed as having cervical spine sprain/strain with underlying degenerative disc disease, left shoulder sprain/strain with underlying AC joint osteoarthritis, right shoulder sprain/strain with underlying AC joint osteoarthritis, right elbow lateral epicondylitis, left and right hand first carpometacarpal joint pain and lumbar spine sprain/strain with underlying degenerative disc disease. Treatment to date has included activity restriction, home exercise program, medications and limited physical therapy. Currently, the injured worker complains of constant neck pain with limited range of motion, bilateral shoulder pain increased with repetitive movement and numbness and tingling more frequent radiating to arms and hands and low back pain increased with prolonged walking, standing and sitting with limited range of motion. Physical exam noted tenderness to palpation over the left upper trapezius, muscle spasm over left paracervical musculature and limited range of motion of cervical spine, tenderness to palpation over the anterior left shoulder with extension and limited range of motion, pain over first web space bilaterally and over MP joint of left index finger and increased lordosis and weak abdominal muscles, muscle spasm in paralumbar musculature with limited range of motion of thoracolumbar spine and pitting edema. A request for authorization was submitted for 12 sessions of acupuncture to cervical spine, bilateral shoulders, bilateral elbows, lumbar spine and bilateral wrists/hands.

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 Left Wrist/Hand (1 session per week for 12 weeks)

outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.