

Case Number:	CM15-0084354		
Date Assigned:	05/06/2015	Date of Injury:	02/06/2013
Decision Date:	06/11/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	05/01/2015

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 40-year-old female, who sustained an industrial injury on 02/06/2013. She has reported injury to the right elbow, right shoulder, and right upper extremity. The diagnoses have included cervical radiculopathy; intervertebral disc disorder; right shoulder tendonitis/bursitis; right elbow tendonitis/bursitis; and right wrist tendonitis/bursitis. Treatment to date has included medications, diagnostics, cortisone injections to the right wrist and right elbow, and physical therapy. Medications have included Tramadol and Omeprazole. A progress note from the treating physician, dated 02/25/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of constant aching in the neck, often becoming sharp and shooting pain, traveling to her right arm and hand; episodes of numbness and tingling on the right side of her face and in her right arm and hand; frequent headaches; stiffness in the neck; pain level varies throughout the day depending on activities; and pain medication provides her temporary pain relief. Objective findings included spasm and tenderness over the cervical paravertebral musculature and trapezius muscles; range of motion with pain and spasm; tenderness over the anterior deltoid, supraspinatus insertion, and biceps tendon on the right; impingement and Hawkins signs were positive on the right; and tenderness over the lateral and medial epicondyles on the right, as well as the distal radial and carpus on the right. Request is being made for acupuncture 3 x 4 right elbow, right shoulder, and right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3 times 4 right elbow, right shoulder right wrist: 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/Forearm; Acupuncture.

Decision rationale: Provider requested initial trial of 12 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. ODG and ACOEM guidelines do not recommend acupuncture for wrist pain. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.