

Case Number:	CM15-0084697		
Date Assigned:	05/07/2015	Date of Injury:	10/19/2011
Decision Date:	06/08/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/04/2015

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: 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 54 year old female, who sustained an industrial injury on 10/19/11. She reported injuries to her neck, shoulder, wrist and hand. The injured worker was diagnosed as having cervical strain, probable cervical radiculopathy, lateral epicondylitis and carpal tunnel syndrome. Treatment to date has included oral medications, acupuncture, physical therapy, acupuncture, left carpal tunnel decompression and activity restrictions. Currently, the injured worker complains of neck pain with radiation to right shoulder and numbness and tingling of right hand, constant left elbow and bilateral hand pain. She rates the neck pain 6/10, elbow pain is 5/10 and hand pain is 6-7/10. The injured worker notes acupuncture takes the edge off, physical therapy was no benefit and cortisone injections to bilateral wrists provided no relief. She also notes scalene injections to bilateral shoulders provided some relief. Physical exam noted pain on palpation of cervical spine in midline and right and left of the paracervical musculature with mild spasm and tenderness over dorsum of right wrist with a dorsal ganglion. The documentation did not include a treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x6, cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." Despite that unknown number of prior acupuncture sessions rendered were reported as beneficial in reducing symptoms, no evidence of any sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition, the request is for acupuncture x 12, number that exceeds significantly the guidelines criteria without a medical reasoning to support such request. Therefore, the additional acupuncture x 12 is not supported for medical necessity.

Acupuncture bilateral wrists: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Current guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." Although prior acupuncture sessions rendered were reported as beneficial, no significant, objective functional improvement attributable to the prior acupuncture care (medication intake reduction, work restrictions reduction, activities of daily living improvement, etc) was provided to support the additional acupuncture requested. Therefore, additional acupuncture is not supported for medical necessity.