

Case Number:	CM15-0241140		
Date Assigned:	12/18/2015	Date of Injury:	09/27/2014
Decision Date:	01/22/2016	UR Denial Date:	11/12/2015
Priority:	Standard	Application Received:	12/10/2015

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 57 year old female who sustained an industrial injury on 09-27-2014. According to a progress report dated 09-23-2015, the injured worker's primary problem was pain located in the right shoulder, right wrist, right forearm and right side of the posterior neck. She described it as aching and considered it to be "moderate". It was made worse by repetitive use of the right upper extremity and was improved with rest and acupuncture. She felt that it was improving. Diagnoses included other tenosynovitis of hand-wrist, synovitis and tenosynovitis unspecified and sprain strain unspecified site. The treatment plan included continuation of home exercises, continue with heat and or ice, continued modified duties and request 6 more acupuncture treatments. Follow up was indicated in 4 weeks. Documentation submitted for review included acupuncture progress notes for 6 sessions between 07-28-2015 and 08-26-2015. Treatment progress was noted as improved in the acupuncture treatment notes. According to the most recent treatment note dated 08-26-2015, session #6, pain level was rated 5 out of 10. There was no discussion of improvement with activities of daily living in the acupuncture treatment notes or the most recent progress report dated 09-23-2015. On 11-12-2015, Utilization Review non-certified the request for outpatient acupuncture to the neck and right upper extremity 2 x 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Acupuncture to The Neck and Right Upper Extremity 2x3: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

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. After an unknown number of prior acupuncture sessions (reported as "helpful", no specifics documented), the patient continues symptomatic, and no evidence of any significant, objective functional improvement (quantifiable response to treatment) was provided to support the medical necessity of the additional acupuncture requested. Therefore, based on the lack of documentation demonstrating medication intake reduction, work restrictions reduction, activities of daily living improvement or reporting any extraordinary circumstances to override the guidelines recommendations, the additional acupuncture x 6 is not medically necessary.