

Case Number:	CM13-0031095		
Date Assigned:	12/04/2013	Date of Injury:	06/30/2010
Decision Date:	01/23/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Licensed in Chiropractic has a subspecialty in Acupuncture and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 66 year old male with a date of injury of 6/30/2010. The patient was diagnosed with brachial neuritis or radiculitis NOS, other affections of shoulder region NEC, other internal derangement of knee other, carpal tunnel syndrome, other ankle sprain and strain. According to the progress report dated 9/12/2013, the patient complained of intermittent to frequent moderate dull, achy, sharp neck pain, stiffness and weakness associated with cervical movement. The patient also complained of right shoulder, wrist, knee, and ankle pain. The right shoulder pain was described as achy, intermittent, and was associated with pushing, pulling repetitively and overhead reaching. The right wrist pain was dull, achy, numbness, tingling and weakness associated with grabbing, gripping, and squeezing. The knee pain was achy, sharp, intermittent moderate dull, associated with repetitive walking and climbing stairs. Significant objective findings include decrease and pain ranges of motion in the cervical spine, right shoulder, and right knee. There was +3 tenderness to palpation of the cervical paravertebral muscles, acromioclavicular joint and anterior shoulder, lateral and volar wrist, anterior knee, lateral knee, and medial knee. The positive orthopedic test includes cervical compression, Phalen's, McMurray's, and inversion test for the ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 4-8 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Expert Reviewer's decision rationale: Acupuncture Medical Treatment Guidelines recommend acupuncture for pain. The guidelines recommend a trial of 3 to 6 treatments with a frequency of 1 to 3 times a week over 1 to 2 months to produce functional improvement. Acupuncture treatments may be extended if functional improvement is documented as defined in section 9792.20(f). Records indicate the patient had acupuncture treatment in the past. However, there was no evidence of functional improvement in the submitted documents. The patient's condition remained the same as well as the patient's objective findings. Therefore, 4-8 acupuncture sessions are not medically necessary at this time.