

Case Number:	CM14-0160041		
Date Assigned:	10/03/2014	Date of Injury:	03/30/2010
Decision Date:	11/03/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/29/2014

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. The expert reviewer is a licensed Chiropractor & Acupuncturist, 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 47-year-old female with a date of injury of 3/30/2010. According to the progress report dated 9/08/2014, the patient complained of persistent neck pain with numbness and tingling in the bilateral hands. In addition, the patient complained of bilateral shoulder pain, the right shoulder pain was greater than the left. The patient rated the pain at 7/10. The patient's current prescription includes Topamax, Naproxen, and Glucose. Significant objective findings include decreased range of motion in the cervical spine by 20% with extension and decreased 20% with left tilt. Motor strength and sensory examination was unremarkable. Tinel's was positive on the right wrist. Examination of the bilateral shoulder reveals decrease range of motion in the left shoulder by 20% and 30% in the right shoulder. There was tenderness over the anterior right shoulder joint. The patient was diagnosed with carpal tunnel syndrome, pain in shoulder joint, pain in hand joint, and cervicobrachial syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Quantity: 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guideline recommends acupuncture for chronic pain. It recommends a trial of 3-6 visits at a frequency of 1-3 times a week over 1 to 2 months to produce functional improvement. It states that acupuncture may be extended if there is documentation of functional improvement. There was no documentation that the patient had acupuncture in the past and that a trial session is medically necessary at this time. The patient was authorized 6 acupuncture visits out of the 12 requested. There was no documentation of functional improvement from the authorized visits. Additional acupuncture sessions are recommended if there is documentation of functional improvement from the trial sessions. The provider's request for 12-acupuncture session exceeds the guidelines recommendation for an initial trial and there were no documentation of the outcome of the 6 authorized acupuncture sessions to warrant additional visits beyond the initial 6. Therefore the provider's request for 12 acupuncture sessions is not medically necessary at this time.