

Case Number:	CM14-0215305		
Date Assigned:	01/02/2015	Date of Injury:	04/03/2009
Decision Date:	02/28/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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 53year old female who reported neck, shoulder, wrist, hand pain from injury sustained on 04/03/09 after repetitive lifting magazines to scan. There were no diagnostic imaging reports. Patient is diagnosed with rotator cuff injury of bilateral shoulders, carpal tunnel syndrome of bilateral hands with trigger finger. Patient has been treated with medication, rotator cuff surgery, and acupuncture. Per medical notes dated 08/25/14, patient states the pain in her bilateral shoulder has improved; however, she continues to have numbness to bilateral hands as well as neck pain radiating pain down the bilateral upper extremity. She states her symptoms wake her up at night. She indicates she has had acupuncture in the past, which helped her symptoms to her bilateral upper extremity. Examination revealed mild tenderness about the AC joint bilaterally; she complains of pain with range of motion; and triggering of middle and ring finger is noted. Provider requested additional 8 acupuncture treatments which were non-certified by the utilization review. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Per medical notes dated 08/25/14, she indicates she has had acupuncture in the past, which helped her symptoms to her bilateral upper extremity. Provider requested additional 8 acupuncture treatments which were non-certified by the utilization review. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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 or decrease in medication intake. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 8 acupuncture treatments are not medically necessary.