

Case Number:	CM14-0217926		
Date Assigned:	01/07/2015	Date of Injury:	06/18/2010
Decision Date:	03/03/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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:

This 40 year old female sustained a work related injury on 6/18/2010. The current diagnoses are cervical spondylosis without myelopathy, cervicgia, carpal tunnel syndrome, status post right carpal tunnel release (11/13/2013), lesion of ulnar nerve, and lateral epicondylitis. According to the progress report dated 11/24/2014, the injured workers chief complaints were right hand pain that radiates up to the elbow, 3/10 on a subjective pain scale. The right hand pain is described as intermittent, achiness with muscle pain in the right arm. The pain is associated with residual and diminishing tingling, numbness, and weakness in the fingers. The physical examination revealed tenderness to palpation over the right cervical paraspinal muscles, superior trapezius, levator scapula, and rhomboid musculature. Range of motion of the cervical spine was limited with forward flexion, extension, cervical rotation, and side-bending. The right elbow was tender to palpation over the lateral epicondyle. There is pain with restricted wrist extension. Grip strength was slightly decreased. There is diminished sensation to light touch in the right median distribution and to pin prick in the left ulnar nerve distribution. The medication list was not specified in the records provided. On this date, the treating physician prescribed acupuncture to the right hand and neck, which is now under review. The acupuncture was prescribed specifically for adjuvant pain relief. In addition to acupuncture, the treatment plan included Diclofenac XR. When acupuncture was first prescribed work status was permanent and stationary. On 12/3/2014, Utilization Review had non-certified a prescription for acupuncture to the right hand and neck. The acupuncture was non-certified based on no indication that the claimant is actively seeking

physical rehabilitation or surgical intervention for the alleged injuries. The California MTUS Acupuncture Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the right hand and neck 2 x 3-4: 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." After an unknown number of prior acupuncture sessions (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 additional acupuncture x6-8, number that exceeds the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture x6-8 is not supported for medical necessity.