

Case Number:	CM15-0010477		
Date Assigned:	01/28/2015	Date of Injury:	03/12/2009
Decision Date:	03/18/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/19/2015

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: 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 45 year old female who sustained a work related injury on March 12, 2009. She worked as cleaning person mopping floors and cleaning bathrooms. She complained of pain in the right shoulder, right hand and fingers. Diagnoses made were cervical spine sprain and radiculopathy, right shoulder sprain and impingement and right wrist and hand pain. Treatment included acupuncture and pain and nerve medications. Currently, the injured worker complains of neck pain radiating to the right arm and wrist with numbness. Per a Pr-2 dated 12/17/2014, the claimant continues to complain of moderate to severe pain in her neck which radiates through her right ar to her right wrist/hand with associated numbness and tingling in her bilateral fingers. She describes the pain as a burning sensation. Physical examination reveal restricted cervical range of motion, decreased sensations at C6-C7 distributions, and tenderness to palpation. Acupuncture has reduced pain and increased the amount of exercise a patient can perform before discomfort makes further physical activity untenable. Per a prior review, dated 1/2/2015, the claimant has had multiple courses of acupuncture in 2010, 2012, and 2013 without any indication of appreciable functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ODG Acupuncture Guidelines

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior extensive acupuncture of unknown quantity and duration and had mild subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.