

Case Number:	CM15-0012901		
Date Assigned:	01/30/2015	Date of Injury:	03/28/2012
Decision Date:	03/23/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/22/2015

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 male who reported neck and shoulder pain due to injury sustained on March 28, 2012. The injury was sustained by repetitive use of hand activities and also driving and pulling levers and right hand for keyboard activities. The job also required lifting, pushing and pulling activities up to 50 pounds. The injured worker was diagnosed with status post right shoulder surgery, cervicgia, myalgia and myositis, rotator cuff syndrome right shoulder, bilateral carpal tunnel syndrome and ulnar nerve lesion at the elbow. The injured worker previously received the following treatments of right shoulder surgery for rotator cuff repair, Ibuprofen, Xanax, Tizanidine, Oxycodone/APAP and EMG/NCS (electromyography and nerve conduction studies) of the upper extremities. According to progress note of December 30, 2014, the injured workers chief complaint was pain in the spine and bilateral upper extremities. The physical exam noted mild decreased range of motion cervical spine with mild tenderness of the posterior cervical spine and paraspinals with mild paravertebral muscle tightness. The right shoulder noted positive impingement syndrome. EMG/NCS (electromyography and nerve conduction studies) of the upper extremities noted bilateral carpal tunnel syndrome. On December 30, 2014, the primary treating physician requested electro-acupuncture 12 treatments for the right shoulder and neck 2 times a week for 6 weeks for cervical for right shoulder and neck. January 8, 2015, the utilization review denied authorization for electro-acupuncture 12 treatments for the right shoulder and neck 2 times a week for 6 weeks. The utilization Reviewer referenced MTUS and ODG guidelines for the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electro-acupuncture for right shoulder and neck, 2 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has not had prior Acupuncture treatment. Provider requested initial trial of 2X6 acupuncture sessions which were modified to 6 by the utilization review. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.