

Case Number:	CM15-0110147		
Date Assigned:	06/16/2015	Date of Injury:	10/29/2012
Decision Date:	07/21/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/08/2015

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 49-year-old female who sustained an industrial injury on 10/29/2012. Diagnoses include traumatic left shoulder impingement syndrome, bursitis and tendonitis, osteoarthritis of the acromioclavicular joint, infraspinatus tendonitis, left carpal tunnel syndrome, decreased range of motion of the wrist due to pain and avascular necrosis of the lunate bone. Treatment to date has included diagnostic studies, medications, acupuncture, physical therapy, cortisone injections, and chiropractic treatment. A physician progress note dated 01/12/2015 documents the injured worker continues to complain of pain in the neck and left shoulder that is associated with numbness of the left hand fingers. She also has difficulties with grasping, gripping, torqueing and squeezing with the left hand. On examination, there is tenderness to the cervical spine and associated muscles. There is a positive Spurling's test bilaterally and there is pain with full range of motion. There is tenderness over the left acromioclavicular joint, subacromial joint, deltoid and posterior region. There is positive Supraspinatus test on the left and pain with decreased range of motion during internal and external rotation. There is tenderness over both wrists. There is a visual ganglion cyst noted on the left wrist over the anterior radio scaphoid. There is pain with flexion and extension of both wrists. There is positive Tinel's test bilaterally. Treatment requested is for Retro Acupuncture, DOS: 01/20/15-4/7/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Acupuncture, DOS: 1-20/15-4/7/15: 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 guidelines recommend 3-6 visits with a frequency of 1-3 times per week over 1-2 months to produce functional improvement. Additional acupuncture may be warranted if there is documentation of functional improvement from the initial trial. The provider submitted a retroactive request for acupuncture with a date of service between 1/20/2015 through 4/7/2015. Based on the submitted records, during that period the patient received 17 acupuncture sessions. (1/20/15, 1/22/15, 1/25/15, 1/27/15, 2/3/15, 2/5/15, 2/12/15, 2/24/15, 2/26/15, 3/02/15, 3/5/15, 3/10/15, 3/17/15, 3/26/15, 3/31/15, 4/2/15, and 4/7/15). The guideline recommends 3-6 visits to demonstrate functional improvement. The patient was provided over 6 acupuncture sessions without documentation of functional improvement. Therefore, the provider's retroactive request for acupuncture sessions rendered on 1/20/15 through 4/7/2015 is not medically necessary.