

Case Number:	CM15-0111622		
Date Assigned:	06/18/2015	Date of Injury:	12/17/2014
Decision Date:	07/21/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/09/2015

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:

This 61 year old female sustained an industrial injury to the neck and left arm on 12/17/14. Previous treatment included physical therapy, bracing and medications. Initial x-rays of the left hand showed no significant swelling or bony abnormalities. In an initial orthopedic evaluation dated 4/8/15, the physician noted concern for radiculitis in the left arm as well as over use tendinitis to the forearm and wrist. The physician recommended electromyography to rule out carpal tunnel syndrome and magnetic resonance imaging cervical spine. In a PR-2 dated 5/13/15, the injured worker reported undergoing electromyography on 5/12/15. No results were available at the time of the exam. The injured worker stated that the physician who performed the exam told her it was normal. Magnetic resonance imaging cervical spine had been denied. The injured worker complained of diffuse left arm pain that started at the neck and radiated down to the arm and hand with intermittent numbness and tingling to the radial two fingers of the left hand. Physical exam was remarkable for tenderness to palpation to the left forearm over the extensor surface, left wrist with normal range of motion, positive Tinel's and Phalen's and 5/5 left upper extremity motor strength with intact sensation throughout. Current diagnoses included left carpal tunnel syndrome, left forearm and wrist overuse tendinitis and radicular type neck pain with left arm radiculitis. The treatment plan included requesting magnetic resonance imaging cervical spine and acupuncture twice a week for four weeks. Six acupuncture visits were authorized on 5/21/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture neck/wrist 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Acupuncture Treatment 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 acupuncture trial authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial. If this is a request for an initial trial, 8 visits exceeds the recommended guidelines for an initial trial. The request is not medically necessary.