

Case Number:	CM15-0118056		
Date Assigned:	06/26/2015	Date of Injury:	10/01/2014
Decision Date:	07/31/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/18/2015

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: 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 (IW) is a 47-year-old female who sustained an industrial injury on 10/01/2014. Diagnoses include cervical spine sprain/strain, spondylosis and spinal stenosis; cervical radiculopathy, improving; right shoulder sprain and tendinitis; bilateral elbow lateral epicondylitis, status post right elbow steroid injection; and myalgia, improving. Treatment to date has included medications, steroid injection to the elbow, activity modifications, acupuncture, home exercise and physical therapy. According to the progress notes dated 5/28/15, the IW reported improvement in her neck, right elbow and right shoulder, rating her pain 4/10, compared to previous 6/10. She attributed her improvement in pain and range of motion to acupuncture. She stated her sharp pain became dull and constant pain became intermittent. She noticed increased arm strength and better sleep. Her medication use was decreased. Her pain radiated to the right hand, with less numbness and tingling and was noted only occasionally. She denied hand weakness. On examination, there was mild tenderness to the paracervical area from the cranium to T1, including the rhomboids, trapezius and paracervical muscles, mostly on the right side. The right upper trapezius muscle was tender with multiple palpable trigger points present. Range of motion (ROM) of the cervical spine was normal. Spurling's test was positive on the right. The right shoulder was tender to palpation in most areas and ROM was uncomfortable at maximum flexion, extension and internal rotation. Impingement test and Hawkins-Kennedy test were positive. Examination of the left shoulder was unremarkable. The left and right elbow was still tender to palpation of the lateral epicondyle; ROM was normal;

Cozen test was positive on the left. Electrodiagnostic testing of the bilateral upper extremities on 6/9/15 found evidence of bilateral wrist median neuropathy at the carpal tunnel and mild right elbow ulnar motor neuropathy at the cubital tunnel region. A request was made for continued outpatient acupuncture to the right shoulder and elbow/forearm twice a week for three weeks due to its efficacy in improving the IW's condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued outpatient acupuncture to the right shoulder and elbow/forearm 2 times a week for 3 weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient has had acupuncture in the past (six sessions) which was beneficial in reducing the oral medication intake, improved the sleep, increased ROM (measured), reduced work restrictions (pre-acupuncture was no lifting over 5 pounds, improved to no lifting over 10 pounds post-acupuncture) and also symptom reduction was reported (pre-acupuncture was 6/10 reduced to 4/10 after acupuncture care). Available information appears to support that the ongoing acupuncture treatment, under the MTUS (guidelines) is addressing the patient's medical condition with evidence of objective functional improvement (quantifiable response to treatment) that is essential to establish the reasonableness and necessity of additional care. Therefore, under current guidelines, the continuation of acupuncture treatment is supported as medically and necessary. As the current guidelines indicate that functional improvement could be achieved with six sessions, the additional six sessions requested are reasonable, and medically necessary.