

Case Number:	CM15-0129800		
Date Assigned:	07/22/2015	Date of Injury:	03/29/2013
Decision Date:	08/28/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/06/2015

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 is a 51 year old female with a March 29, 2013 date of injury. A progress note dated October 21, 2014 documents subjective complaints (bilateral trapezius pain; cervical muscle tenderness; left elbow tendinitis; feel significant improvement since last visit), objective findings (full range of motion of the bilateral shoulders; minimal tenderness superiorly along the trapezius ridge on the right; maximal tenderness superiorly along the trapezius ridge on the left; positive impingement test on the left; full range of motion without pain, discomfort or crepitus of the bilateral elbows; minimal tenderness is present over the posterior triceps tendon and olecranon on the left; full range of motion without pain, discomfort or crepitus of the bilateral wrists), and current diagnoses (cervical spine sprain; left trapezius sprain; right trapezius sprain; tendinitis of the left elbow). Treatments to date have included yoga, imaging studies, and medications. The treating physician requested authorization for acupuncture for the wrist, elbows, shoulder, and neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two times six for the wrist/elbows/shoulders/neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It is unclear whether the claimant has had prior acupuncture. If this is a request for an initial trial, twelve visits exceeds recommended guidelines. Evidenced based guidelines recommend a trial of acupuncture for chronic pain, but a request for 12 visits exceeds the recommended guidelines of six or less. If functional improvement is documented, further acupuncture may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, the provider should document functional improvement as a result of the completion of acupuncture. Also the total amount of completed visits should be submitted. Twelve visits of acupuncture are not medically necessary.