

Case Number:	CM15-0174369		
Date Assigned:	09/16/2015	Date of Injury:	09/01/2010
Decision Date:	10/22/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/04/2015

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 injured worker is a 59 year old female who reported an industrial injury on 9-1-2010. Her diagnoses, and or impression, were noted to include: cervical sprain with decreased lordosis; lumbar spondylosis; facet hypertrophy - spine; left shoulder sprain and down-sloping acromion; bilateral elbow epicondylitis lateral; and bilateral carpal tunnel syndrome. Radiographs of the cervical spine and left shoulder were done on 8-4-2015; no current electrodiagnostic or imaging studies were noted. Her treatments were noted to include: and rest from work since 5-29-2015. The progress notes of 8-4-2015 reported frequent neck pain at the base of the neck, rated 5 out of 10, that radiated down both upper extremities to the hands, left > right; numbness and tingling in both hands, left > right; stiffness, spasms and tightness in the neck; frequent headaches associated with her neck pain; that her pain was aggravated by movements and activity; difficulty sleeping, awakening due to pain and discomfort; intermittent, left > right, bilateral shoulder pain that radiated with numbness and tingling down both arms, left > right; limited bilateral shoulder motion, left > right; increased pain in the left shoulder, rated 7 out of 10 and 3 out of 10 in the right shoulder, with above-shoulder reaching and lifting; intermittent bilateral elbow pain, left > right, that increased with lifting and sustained gripping; and frequent, intermittent bilateral wrist pain with numbness and tingling that radiated to the hands and fingers, left > right; gripping weakness and difficulty holding objects and with fine-motor coordination, left > right; and difficulty with all activities of daily living. Objective findings were noted to include: loss of cervical lordosis, carrying her head approximately 10 degrees anterior of the normal center-line of gravity; decreased cervical range-of-motion, with pain elicited with all ranges; positive bilateral Spurling's test; tenderness in the posterior para-cervical region and upper trapezius to the lateral scapular spine, and over the levator to the superior medial scapular

angle, left > right; decreased grip strength in the left; decreased shoulder range- of-motion with positive left Neer impingement, Hawkins, supraspinatus-empty can, and Apprehension tests; guarded left upper extremity motion with marked tenderness and crepitus over the supra-spinatus tendon, anterior capsule, and "AC" joint; decreased strength in the left deltoid and biceps; mild discomfort with bilateral elbow range-of-motion with tenderness over the lateral epicondyles, left > right; mild discomfort and decreased bilateral wrist range-of- motion at extreme ranges; positive left Tinel's and Phalen's tests, left > right; and mild tenderness over the carpal tunnel and first dorsal compartment. The physician's requests for treatments were noted to include acupuncture two times a week for three weeks for her cervical spine, left shoulder and bilateral wrist complaints. The Request for Authorization, dated 8-4-2015, was for acupuncture therapy, 2 x 3 C/s left shoulder, bilateral wrist. The Utilization Review of 8-24- 2015 non-certified the request for acupuncture, two times a week for three weeks (6), cervical spine, bilateral shoulders, and bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 3 weeks to cervical spine, bilateral shoulder and bilateral wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The Acupuncture Treatment Guidelines states that acupuncture may be extended with documentation of functional improvement. The patient complained of frequent neck pain with radiation down the upper extremities to the hands and frequent headaches. Records indicate that the patient has had acupuncture in the past. However, there was no objective quantifiable documentation regarding function improvement. Based on the lack of documentation of functional improvement from past acupuncture sessions, the provider's request for 6 acupuncture sessions to the cervical spine, bilateral shoulders, and bilateral wrist is not medically necessary at this time.