

Case Number:	CM15-0080151		
Date Assigned:	05/01/2015	Date of Injury:	11/27/2013
Decision Date:	10/02/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/27/2015

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, Montana

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 62 year old female, who sustained an industrial injury on November 27, 2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having left shoulder sprain and strain, left hand deep laceration of the third and fourth fingers, left wrist sprain and tendinitis, lumbar spine strain, multi-level disc bulges at lumbar three to four and lumbar four to five with desiccation and bilateral facet hypertrophy per magnetic resonance imaging. Treatment and diagnostic studies to date has included magnetic resonance imaging of the lumbar spine and medication regimen. In a progress note dated March 23, 2015 the treating physician reports complaints of constant, moderate to severe pain to the neck, left shoulder, left forearm, left wrist, and the left hand along with numbness to the neck and the left upper extremity and difficulty sleeping. Examination reveals muscle spasms and decreased range of motion to the cervical spine, tenderness to the left shoulder and left arm, myospasms to the left arm, tenderness to the left wrist and the fingers of the left hand, and decreased range of motion and swelling to the left wrist and the fingers of the left hand. The treating physician requested eight sessions of acupuncture for the left shoulder and the left wrist at two sessions per week for four weeks to decrease myofascial pain. The documentation provided did not indicate prior acupuncture treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Acupuncture for the left shoulder 2 sessions per week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has not had prior Acupuncture treatment. Provider requested initial trial of 8 acupuncture sessions for the left shoulder which were modified to 6 by the utilization review. Per guidelines, 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS-Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.

8 Acupuncture visits for the left wrist 2 sessions per week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has not had prior Acupuncture treatment. Provider requested initial trial of 8 acupuncture sessions for the left wrist which were non-certified by the utilization review. Per guidelines, 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS-Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.