

Case Number:	CM15-0093632		
Date Assigned:	05/19/2015	Date of Injury:	10/07/2013
Decision Date:	06/25/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/14/2015

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:

The injured worker is a 48-year-old female, who sustained an industrial injury on 10/7/13. The injured worker has complaints of lumbar spine and acute right hand pain and acute bilateral shoulder pain. The diagnoses have included sprain shoulder/arm not otherwise specified; wrist/hand tenosynovitis; sprain lumbar region and myofascial pain syndrome. Treatment to date has included occupational therapy; physical therapy; electromyography/nerve conduction study on 11/12/14 revealed bilateral moderate carpal tunnel syndrome; electromyography/nerve conduction study dated 11/12/15 showed bilateral carpal tunnel syndrome of moderate severity-essentially unchanged from the prior study dated 3/19/14 and no electrodiagnostic evidence of active ulnar neuropathy, radial neuropathy, peripheral polyneuropathy, brachial plexopathy or cervical radiculopathy; magnetic resonance imaging (MRI) on 5/8/14 showed mild-moderate supraspinatus tendinopathy without tear and mild subacromial subdeltoid bursitis and mild hypertrophic degeneration of the acromioclavicular (AC) joint; cyclobenzaprine and nabumetone. The request was for acupuncture 2 x 3 weeks, neck, upper extremity, back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 3 weeks, neck, upper extremity, back: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 175, 275, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck; hand, wrist, and forearm/ Acupuncture.

Decision rationale: Provider requested initial trial of 6 acupuncture sessions 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. Acupuncture is used as an option when pain medication is decreased or not tolerated which was not documented in the provided medical records. Provider requested acupuncture for neck and upper extremity, which is not, recommended by ACOEM and ODG guidelines. Per guidelines and review of evidence, the request for 6 Acupuncture visits is not medically necessary.