

Case Number:	CM15-0099271		
Date Assigned:	06/01/2015	Date of Injury:	08/12/2013
Decision Date:	07/21/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/22/2015

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 39 year old female sustained an industrial injury to the right wrist on 8/12/13. The injured worker later developed neck and right shoulder pain. Previous treatment included magnetic resonance imaging, electromyography, physical therapy, acupuncture, wrist brace and medications. Documentation did not disclose response to previous therapy. Magnetic resonance imaging right wrist on 3/21/15 showed some increased signal beneath the transverse retinaculum near the median nerve noted to represent possible carpal tunnel syndrome. In an orthopedic evaluation dated 11/17/14, the injured worker reported that a course of physical therapy provided some benefit and two sessions of acupuncture provided no benefit. In a PR-2 dated 11/11/14, the injured worker injured worker complained of pain to the right shoulder and right wrist. Physical exam was remarkable for right shoulder with tenderness to palpation and pain to supraspinatus press and shoulder apprehension and right wrist with tenderness to palpation, intact range of motion and positive Phalen's test. Current diagnoses included right shoulder impingement syndrome and right carpal tunnel syndrome. The treatment plan included chiropractic therapy twice a week for six weeks and acupuncture twice a week for six weeks to the right shoulder and medications (Gabapentin, Flurbiprofen, Naproxen Sodium, Protonix and Tramadol).

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Acupuncture sessions for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 12 acupuncture sessions which were non-certified by the utilization review. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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 or decrease in medication intake. Per review of evidence and guidelines, 12 acupuncture treatments are not medically necessary.