

Case Number:	CM15-0099656		
Date Assigned:	06/02/2015	Date of Injury:	10/15/1998
Decision Date:	07/02/2015	UR Denial Date:	05/14/2015
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:

The injured worker is a 61-year-old male, who sustained an industrial injury on 10/15/98. He reported left shoulder and neck pain. The injured worker was diagnosed as having cervical spondylosis without myelopathy, complete rupture of rotator cuff, left wrist and hand pain with paresthesia, neck pain and shoulder pain. Treatment to date has included left shoulder surgery, oral medications including Norco, home exercise program and physical therapy. Currently, the injured worker complains of neck pain, left hand paresthesias and shoulder pain, rated 5-9/10. He is currently not working. Physical exam noted restricted range of motion of bilateral wrists and painful, restricted range of motion of neck. The treatment plan included a request for authorization for 8 sessions of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) acupuncture sessions cervical spine and left shoulder/hand: 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/ Acupuncture.

Decision rationale: Provider requested initial trial of 8 acupuncture sessions which were modified 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. Furthermore, ODG and ACOEM guidelines do not recommend acupuncture for neck or hand pain. Per guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.