

Case Number:	CM13-0041525		
Date Assigned:	12/20/2013	Date of Injury:	03/29/2009
Decision Date:	02/17/2015	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/04/2013

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. The expert reviewer is licensed in Acupuncturist and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 50 year old female who reports pain in her neck radiating bilaterally to upper extremities, pain in the right shoulder, right elbow, right wrist, mid-back pain and low back pain resulting from a work related injury on 03/29/2009. Per records provided injury is a result of a slip and fall and sorting mandarins. Patient is diagnosed with cervical spine IVD syndrome, cervical radiculopathy, status post right shoulder surgery with residual pain, right shoulder tendonitis, right elbow sprain/strain, right wrist sprain/strain, thoracic spine sprain/strain and lumbar spine sprain/strain. Per physician's notes dated 07/10/2013, neck pain is rated 7-8/10, shoulder pain post-surgery 7-8/10, right elbow pain is reported as 7-8/10, right wrist pain is reported as 7-8/10, mid back pain is reported as 7-8/10 and lower back pain is rated 7-8/10. Examination of the cervical spine reveals tenderness to palpation associated with muscle spasms over the paracervical and over the trapezius muscles bilaterally. Cervical compression was positive bilaterally with complaint of pain, shoulder depression test was positive on the right with complaint of pain. Right shoulder examination reveals tenderness to palpation over the upper trapezius, rotator cuff, groove musculature and over the glenohumeral joint. Following tests were positive on the right: Appley's scratch test, Drop Arm test, Neer's test, Supraspinatus test and Kennedy Hawkin's test. Examination of the right elbow revealed tenderness to palpation over the right flexor muscle, extensor muscle, medial epicondyle and lateral epicondyle. Cozen's test and Mill's test was positive on the right. Examination of the right wrist and hand reveals tenderness to palpation over the dorsal aspect of the wrist. Phalen's test was positive on the right. Thoracic spine examination reveals tenderness to palpation over the parathoracic muscles bilaterally, greater on the right side. Examination of the lumbar spine reveals tenderness to palpation over the paraspinal, quadrates lumborum, gluteus muscles and over the spinous processes at levels of L1, L2, L3, L4 and L5. Patient has been treated with medication,

acupuncture, injections, shoulder arthroscopy, ESWT and chiropractic care. Primary treating physician requested 6 additional visits which were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has had prior acupuncture treatment. Primary treating physician requested 6 additional visits which were non-certified. 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, 6 additional visits are not medically necessary.