

Case Number:	CM13-0012174		
Date Assigned:	05/21/2014	Date of Injury:	01/10/2012
Decision Date:	06/10/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/16/2013

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 Board Certified in Physical Medicine and Rehabilitation 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:

This female patient sustained an injury on 1/10/12 while employed by the [REDACTED]. Her diagnoses include cervical, shoulder, and elbow strain/sprain. The patient has been deemed permanent and stationary on 3/29/12 with recommended future cognitive behavioral treatment, medications, and monitoring of sleep disorders. An acupuncture report dated 7/16/13 noted that the patient has complaints of cervical spine and shoulder pain rated 10/10. The patient's pain has decreased and motor strength, range of motion, body mechanics, and improved sleep have increased. The treatment plan included additional acupuncture. The report dated 8/7/13 noted the patient to have chronic cervical spine, bilateral shoulders, elbows, wrists, and hands complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2 X A WEEK FOR 3 WEEKS(6) FOR BACK, SHOULDER, AND ELBOW: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9.

Decision rationale: The guidelines for acupuncture state that an initial trial of 3-6 visits is necessary before approving more. This is to see if functional improvement can be attained through acupuncture therapy; if functional improvement is documented, further treatment can be recommended. The patient has received at least six sessions of acupuncture, but there is no identifiable documented efficacy. Submitted reports have not demonstrated the medical indication to support additional acupuncture sessions, as there are no specific objective changes in the clinical findings, no reports of acute flare-ups, no new injuries, and no decrease in the patient's medication usage. As such, the request is not medically necessary.