

Case Number:	CM13-0014921		
Date Assigned:	10/07/2013	Date of Injury:	10/21/2008
Decision Date:	02/05/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/22/2013

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 Acupuncture 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 is a female patient with complaints of pain in the neck and the upper limb. Her diagnoses are myalgia and myositis. Previous treatments have included: injections, block, oral medication, chiropractic, physical therapy, acupuncture (24-48 sessions, which "helped with relaxation"), and work modifications, amongst others. As the patient continued symptomatic, with decreased range of motion and swelling, a request was made on 07-19-13 by the primary treating physician (PTP) for additional acupuncture, 2x3, to the right arm. The requested care was denied on 07-25-13 by the UR reviewer. On the AME report dated 08-09-11, page 4 in the discussion stated, "It is now approaching two years and the patient has gotten worse instead of better on a treatment plan that has included physical therapy, acupuncture and NSAIDs".

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 2 x per week for 3 weeks, for the right arm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Version, Forearm Wrist & Hand Chapter - Acupuncture.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Progress Report 2 from the PTP dated 07-09-13 noted, "The patient completed acupuncture and still is symptomatic..." Guidelines state that extension of acupuncture care could be supported for medical necessity "...if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." In the documentation provided for review, there is no evidence of significant, objective functional improvement (quantifiable response to treatment) obtained with the previous acupuncture care, which would be essential to establish the reasonable necessity of additional care. There is no indication that the patient obtained any significant objective benefits, such as a decrease of pain (Visual Analog Scale), increased endurance, increased body mechanics and ability to perform ADL (activities of daily living), increased ability to perform job-related duties, reduction of pain medication, improved sleep or reduced pain behaviors. Therefore, the request for additional acupuncture is not supported for medical necessity.