

Case Number:	CM13-0026850		
Date Assigned:	02/28/2014	Date of Injury:	08/24/2004
Decision Date:	05/22/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/19/2013

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 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 neck, left shoulder and left hand pain complains. Diagnoses included sprain of the cervical spine, cervical radiculopathy, sprain and strain of the carpometacarpal joint. Previous treatments included: surgery for the left shoulder, oral medication, physical therapy, acupuncture sessions (prior number of sessions was unreported), and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x8 was made on 09-03-13 by the PTP. The requested care was denied on 09-13-13 by the UR reviewer. The reviewer rationale was "prior acupuncture was rendered without documenting the functional gains obtained, therefore additional acupuncture is not supported for medical necessity".

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) ACUPUNCTURE SESSIONS.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the records reviewed, the patient underwent an unknown number acupuncture sessions prior to this request with reported symptom reduction, medication intake

reduction and function-ADLs improvements. As the patient continued symptomatic, additional acupuncture for pain management and further function improvement was reasonable and supported by the MTUS. The MTUS note that the number of acupuncture sessions to produce functional improvement is 3-6 treatments therefore the care requested by the provider (x8) is excessive, without extraordinary circumstances documented to support it therefore not supported for medical necessity. Given the above the request is not medically necessary and appropriate.