

Case Number:	CM13-0026992		
Date Assigned:	12/11/2013	Date of Injury:	06/29/2006
Decision Date:	01/22/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/20/2013

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 Chiropractic, has a subspecialty 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:

The patient is a 63 year old female with a date of injury of 6/29/2006. According to the most recent progress report dated 11/18/2013, the patient complained of right wrist and low back pain. The timing is constant and the severity is moderate. Aggravating factors include activity. Significant objective findings include myofascial tenderness, myofascial forearm pain, no sensation deficits. She was diagnosed with pain in the limb.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (10 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the guidelines, acupuncture treatments may be extended if functional improvement is documented as defined in section 9792.20(f). There was evidence of prior acupuncture care. The patient was recommended a short course of acupuncture (6 visits) in 12/12/2012. The patient stated that acupuncture was helpful. However, there was no evidence of objective functional improvement. The patient continued to experience constant dull burning

ache within both hands that radiated to her fingers. Therefore, 10 additional acupuncture sessions are not medically necessary at this time.