

Case Number:	CM13-0030177		
Date Assigned:	06/06/2014	Date of Injury:	03/26/2013
Decision Date:	10/17/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/26/2013

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 New York. 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:

According to the records made available for review, this is a 26 year old female with a 3/26/13 date of injury. Mechanism of injury is the result of performing customer service duties including working on a computer and phone. At the time of the request for authorization of 6 acupuncture sessions, there is documentation of subjective (neck pain, right shoulder pain, right elbow pain and right wrist pain) and objective (cervical tenderness and decreased range of motion, right shoulder tenderness, decreased range of motion and positive cross arm and command's drop arm test, right elbow tenderness and tinel's sign, right wrist atrophy and tenderness) findings. There is documentation of a request for acupuncture authorization of 6 additional sessions. The documentation states that 6 acupuncture sessions were approved 7/22/13. The documentation does not include the documentation of a start date or the completion of the initial approved series of acupuncture. There is documentation of the injured worker receiving 4 acupuncture sessions without supportive comparative functional objective improvements at the start and conclusion of the series. Documentation provided includes additional treatments (physical therapy and medication). Records mention the addition of acupuncture to an existing home exercise program. Additionally, there is mention of the patient preferring not to take oral pain medications. This request does not meet the standards of the Acupuncture Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two times per week for three weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines state 3 to 6 treatments with a frequency of 1 to 3 times per week as an initial series to produce functional improvement. The initial 6 sessions were not completed at the time of the request for 6 additional sessions. Records did not document comparative functional objective findings to support authorization of additional treatment. The request for 6 acupuncture sessions exceed these guidelines and therefore is not medically necessary.