

Case Number:	CM13-0033195		
Date Assigned:	12/06/2013	Date of Injury:	07/11/2011
Decision Date:	02/13/2014	UR Denial Date:	10/02/2011
Priority:	Standard	Application Received:	10/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Expert Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Expert Reviewer is Licensed in Chiropractic and 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 claimant is a 32 year old female who was involved in a work related injury on 7/11/2011. Her diagnosis includes both wrist and hand pain. Per a report on 9/25/13, the claimant complains of pain in her wrists and is unable to tolerate work activities. She has decreased range of motion and tenderness to palpation. Prior treatment included physical therapy, occupational therapy, oral medications, topical medications, and also left and right wrist surgery. She is having gastrointestinal distress with ibuprofen. A trial of three acupuncture visits was certified on 10/2/2013. There is no documentation of the completion of the trial or of functional improvement related to the trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture with 1 or more needles, without electrical stimulation; initial 15 minutes of personal one-on-one contact with the patient: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. "Functional

improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. There is no documentation of completion or of functional improvement from the authorized trial of three visits. Therefore further acupuncture is not medically necessary.