

Case Number:	CM13-0033442		
Date Assigned:	12/06/2013	Date of Injury:	07/11/2012
Decision Date:	02/10/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/09/2013

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 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.

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 reported to be a 46 year old female who sustained an industrial injury on 7/11/2012. Mechanism of injury not reported. The 9/24/13 request for additional acupuncture submitted by [REDACTED] reported the patient experiencing a flare and unable to raise arms due to pain; the patient also complained of med-back pain. Findings of mid-back tenderness and tenderness of the trapezius were the only findings supporting the reported flare and the request for acupuncture, 12 sessions. The UR determination of 10/3/13 denied the request for 12 Acupuncture visits for the bilateral shoulders stating that the medical records were sparse, illegible and did not contain and referenced to the number of prior acupuncture visits received or what benefit if any was received. CA MTUS Guidelines were referenced as supporting further care if evidence of functional improvement was provided and information regarding the patients work status was detailed. None was provided leading to the denial of requested care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x6, bilateral shoulders: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient is reported to be a 46 year old female who sustained an industrial injury on 7/11/2012. While under medical management with [REDACTED] Acupuncture care was requested on 10/19/12 with no further reference to the medical necessity for further care or what benefit the prior care provided. With initiation of care with [REDACTED], the request for Acupuncture 12 sessions was not supported clinically with evidence that prior care of an undetermined amount led to activities of daily living improvement, lessening in medical management or decreased medication or led to the patients return to work status, modified to full time. The UR determination of 10/4/13 supported the determination that further care was not supported by referenced CA MTUS Acupuncture treatment Guidelines given the lack of past medical history of the number of completed Acupuncture visits and evidence that provided care, if received, led to functional improvement as required by CA MTUS Acupuncture Guidelines. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit. The 10/4/13 UR determination was reasonable and appropriate and was based on the lack of sufficient medical evidence provided that prior Acupuncture led to clinical evidence of functional improvement as required by the CA MTUS Acupuncture Treatment Guidelines. The Appeal of denied Acupuncture 2x6 is denied.