

Case Number:	CM13-0034897		
Date Assigned:	12/11/2013	Date of Injury:	12/01/2012
Decision Date:	02/04/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/23/2013

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 63 year old female who sustained an industrial injury on 12/01/2011. The mechanism of injury as found in the 5/28/13 report from [REDACTED] addresses injury to the right shoulder following a door at work opening and striking the employee on the right arm. The patient presented to [REDACTED] on 9/25/13 with right shoulder and wrist symptoms unchanged since the prior visit. The physician reported the patient on Neurontin and completing 6 Acupuncture sessions with reported benefit. Tramadol and Naprelan were all being used. Flexor tendons nodules were previously managed by [REDACTED] with injections and improved mobility. She remains on temporary total disability. Exam showed that ROM decreased in the right wrist, right hand Dupuytren's nodules identified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (12 sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient is reported to be a 63 year old female who sustained an industrial injury on 12/01/2011. The UR denial of 10/03/13 denied further Acupuncture application based on a failure of reporting of functional improvement following an initial 6 Acupuncture sessions. MTUS Acupuncture Guidelines required evidence of functional

improvement prior to consideration of further care. The report from [REDACTED] clearly address the patient not making an reported level of improvement following the preceding 6 Acupuncture sessions with residual evidence of functional deficits of hand/wrist supporting the need for continuing temporary total disability. Referenced guidelines require evidence of ADL improvement, lessening in medical management that includes medication decrease and evidence of modification in RTW status, none of which [REDACTED] reported following the 6 Acupuncture sessions. The request is non-certified.