

Case Number:	CM13-0036320		
Date Assigned:	12/18/2013	Date of Injury:	09/02/2011
Decision Date:	02/10/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Licensed in Chiropractic & 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 physician 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:

Claimant is a 52 year old female who sustained a work related injury on 9/2/2011. Primary diagnoses are chronic cervical sprain, knee derangement, shoulder impingement and carpal tunnel syndrome. Per a report 9/5/2013, she complains of right neck pain and upper back pain, right extremity symptoms, right shoulder pain, and right and left wrist and hand pain, numbness in the right hand, stabbing pain to the right knee, and difficulty sleeping. Prior treatment includes oral medications, manipulation under anesthesia and right knee arthroscopy, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment to the right knee, cervical spine and right/left shoulders for 6 sessions: Overturned

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, acupuncture is medically necessary for chronic pain. It does not appear that any prior acupuncture has been authorized or

rendered in the past. A six visit acupuncture trial is medically necessary. Further visits will be based on documented functional improvement from the trial.