

Case Number:	CM13-0043526		
Date Assigned:	12/27/2013	Date of Injury:	02/12/2003
Decision Date:	04/18/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/24/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 documented as having a repetitive stress injury to the right upper extremity. The most recent progress note indicates that current use of the Lidoderm patches is reducing the pain to 3/10 down from 8-10/10. The physical exam documents spasm of the trapezius muscle on the right and diminished grip strength on the right. The clinician indicates a history of improvement with previous acupuncture interventions. The progress notes indicate no change in work restrictions. The provided acupuncture notes document some improvement in percentage score, but according to the legend provided the claimant remained within the classification of severe disability. Additionally, the acupuncture note, dated September 19, 2012, indicates that the claimant had undergone 6 acupuncture treatments. A subsequent note dated October 25, 2012 indicates that the claimant was on treatment 1 of 6

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE (24 VISITS): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS guidelines indicate that acupuncture is an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation. The guidelines also note that time to produce a functional improvement is 3-6 treatments and that acupuncture treatments may be extended if functional improvement is documented. Based on the clinical documentation provided, there does not appear to be a change in the claimant's work status or in the restrictions on the claimant. Additionally, the acupuncture notes indicate that the claimant remained in the classification of severe disability despite undergoing 6 treatments. As such, in accordance with the acupuncture guidelines, the requested additional visits are not certified.