

Case Number:	CM13-0050025		
Date Assigned:	12/27/2013	Date of Injury:	10/01/2002
Decision Date:	02/24/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/08/2013

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 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:

Claimant is a 57 year old female who sustained a work related injury on 10/1/2002. She has pain and stiffness in her neck. There is restricted range of motion and cervical spine and bilateral shoulders, and wrists. There is tenderness in her neck, shoulders and left elbow. There is a cystic structure over her wrists and edema on her left elbow. Her primary diagnoses are cervical strain, bilateral elbow lateral epicondylitis, and bilateral carpal tunnel syndrome. Prior treatment includes physical therapy, occupational therapy, and aqua therapy. According to a PR-2 dated 10/29/2013, the claimant states that made mild improvement through acupuncture two years previously. She noticed a significant decrease in her pain and muscle spasms and briefly decreased her pain medication intake. There is no documentation of that prior functional improvement submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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. The claimant

has had prior acupuncture. However the provider failed to document functional improvement associated with her acupuncture visits. The claimant's statement that she made improvement two years prior is not substantiated by reports at that time. Therefore further acupuncture is not medically necessary and appropriate.