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| Case Number: | CM13-0050395 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 05/11/2007 |
| Decision Date: | 04/28/2014 | UR Denial Date: | 10/23/2013 |
| Priority: | Standard | Application Received: | 11/13/2013 |

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 & 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 40 year old female who sustained a work related injury on 5/11/2007. Diagnoses includes left shoulder acromioclavicular osteoarthropathy, right shoulder pain, protrusion c5-6 with neural encroachment and radiculopathy, refractory, and cervical spondylosis. According to a repeated letters from the provider, the provider states that this is a request for an initial trial for acupuncture. However, there is prior documentation of acupuncture in 2009/2010 with no discussion of resulting functional improvement. Other prior treatment includes right shoulder surgery, physical therapy, chiropractic, acupuncture, and oral medication. Per a Pr-2 dated 12/11/2013, The claimant has left shoulder pain, right shoulder pain, neck pain, TENS, and left upper extremity symptoms. Medications help activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT ACUPUNCTURE TREATMENT 2X6 WEEKS TO CERVICAL SPINE:
Upheld

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, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The claimant has had an unknown number of prior acupuncture visits with no documented functional improvement. The current provider states that she has had not had prior acupuncture. However a review of medical records has documented prior acupuncture. Therefore further acupuncture is not medically necessary. Even if this is a request for an initial trial, the number of visits requested exceeds the recommended guidelines for an initial trial.