MAXIMUS Federal Services

Case Number:	CM13-0055693		
Date Assigned:	12/30/2013	Date of Injury:	05/31/2002
Decision Date:	05/29/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/21/2013

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, has a subspecialty in 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:

The patient is a 62 year old female with a date of injury of 5/31/2002. According to the progress report dated 09/16/2013, the patient complained of left arm pain that is aching in a circular motion. The patient also complained of shoulder and forearm pain. The patient awakens frequently to urinate at night. There was no significant objective findings documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE FOR THE LEFT SHOULDER AND NECK; 10 SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines states that acupuncture may be extended if there is documentation of fuctional improvement. There was conflicting information as to wheather the patient had acupuncture in the past. The chart note dated 9/16/2013 noted that the patient has not done acupuncture. The UR stated acupuncture was previously approved in 3/2013 without documenation of response to that care. In addition, the UR noted that in the report dated 4/12/2013, the patient reported that acupuncture was better than medications. Based conflicting documentation of prior acupuncture treatment, a current

prescription for acupuncture would most accurately be evaluated as an initial trial for which the guidelines recommends 3-6 visits. However, the provider's request for 10 acupuncture sessions exceeds the guidelines recommendation for an intial trial; thefore the provider's request is not medically necessary.