

Case Number:	CM13-0056399		
Date Assigned:	12/30/2013	Date of Injury:	12/19/2012
Decision Date:	04/10/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/22/2013

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 Orthopedic Surgery, 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 claimant is a 60 year old female injured in a work related accident on December 19, 2012. The clinical records for review included a November 5, 2013 follow-up assessment with [REDACTED] who documented that the claimant said a recent course of acupuncture seemed to be improving her neck and shoulder complaints but they have slowly gotten worse. [REDACTED] also noted that the claimant complained of pain in the left knee and right leg. Physical examination findings showed mildly restricted range of motion of the right shoulder with tenderness over the trapezius and positive impingement testing. Here was also tenderness noted over the hand at the volar capsule of the CMC joint. The working diagnosis was right thumb CMC sprain superimposed on degenerative change, a left knee strain, superimposed on degenerative osteoarthritis, DeQuervain's tenosynovitis, a left hip contusion and fibromyalgia. The recommendation was for continuation of medication management and six additional sessions of acupuncture treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture times 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the CA MTUS Acupuncture 2009 Treatment Guidelines continued acupuncture is not indicated. The Acupuncture Guidelines indicate the role of three to six sessions of acupuncture as time to demonstrate functional improvement with its maximal treatment duration of one to two months noted. The records already indicate a course of acupuncture for which the claimant saw initial benefit but continues to have pain complaints. Based on the lack of documentation of long term benefit that is not supported by diminished use of medications or advancement of activities the role of six additional sessions of acupuncture at this chronic stage in the clinical course of care based on acupuncture already rendered is not supported.