

Case Number:	CM13-0062239		
Date Assigned:	12/30/2013	Date of Injury:	06/02/2011
Decision Date:	05/07/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/06/2013

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 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 female who sustained a work related injury on 6/2/2011. Per a Pr-2 dated 12/5/2013, the claimant is having pain of 4/10 in both shoulders radiating to both upper extremities. Without acupuncture and medication is 5-6/10. Pain also increases with too much punching and pushing. Pain is better with acupuncture treatment and massage. Diagnoses is cumulative truma, myofascial sprain/strain of cervical spine, degenerative disc disease, bilateral shoulder pain, medial epicondylitis, and bilateral wrist pain. It states the medical acupuncture has been down that brought the pain down from 4 to 0 to 1. Prior treatment includes oral medication, TENS, acupuncture and home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TWICE A WEEK FOR THREE WEEKS FOR THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, 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 a trial of acupuncture which temporarily relieves pain. There is no sustained pain relief. Also, the provider failed to document functional improvement associated with her acupuncture visits. Therefore further acupuncture is not medically necessary.