

Case Number:	CM13-0067408		
Date Assigned:	01/03/2014	Date of Injury:	02/03/2012
Decision Date:	05/19/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/17/2013

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 Therapy 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:

The claimant is a 55 year old female who sustained a work related injury on 2/3/2012. Prior treatment includes chiropractic, massage therapy, physical therapy, acupuncture, injections, topical medications and oral medications. Her diagnoses are bicipital tendonitis, brachial neuritis, shoulder bursitis, cervial sprain/strain. The claimant has had at least 40 sessions of acupuncture. The latest submitted acupuncture note was from 10/28/2013 and she had four more authorized after that date. Per a PR-2 dated 10/7/13, the claimant is going to see a neurosurgeon for a consult. She has right shoulder and neck pain. She is feeling the same. She has tingling in the arm. She is getting acupuncture, chiropractic, using her home tens unit, and doing her home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

2X3 (6) SESSIONS OF ACUPUNCTURE: 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 a clinically significant improvement in activities of daily living or a reduction in work restrictions, medication, or dependency on continued medical treatment. The claimant has had at least 40 acupuncture treatments; however the provider failed to document functional improvement associated with the completion of her acupuncture visits. The latest PR-2 states that the claimant is unchanged while concurrently receiving acupuncture and chiropractic care. It also states that the claimant is about to consult with a neurosurgeon for surgical options. It is unclear why repeated acupuncture treatments have been authorized for this claimant with no functional improvement. Further acupuncture is not medically necessary.