

Case Number:	CM14-0000313		
Date Assigned:	01/10/2014	Date of Injury:	09/18/2013
Decision Date:	05/27/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/02/2014

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 & 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 39-year-old female who sustained a work related injury on 9/18/13. Prior treatment includes physical therapy, chiropractic, acupuncture, transcutaneous electrical nerve stimulation (TENS), and oral medication. The acupuncture notes for 12/19/2013 and 12/24/2013 are submitted. Per a progress report dated 12/17/13, the claimant has some improvement across her neck and upper back. She has been off work since 9/25/13. Lifting is hard due to her wrist pain but she is able to exercise at the gym. Her diagnoses are cervicothoracic myofascial pain with postural dysfunction, bilateral elbow pain, and bilateral wrist pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE SESSIONS 2 TIMES A WEEK FOR 3 WEEKS FOR THE HANDS/WRISTS: 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." In this case, the claimant has had an unknown number of acupuncture visit; however, the provider failed to document objective functional improvement associated with the completion of her acupuncture visits. In regards to previous acupuncture rendered, there is no significant, measurable outcomes found through treatment were documented, nor were any increase in ability to perform activities of daily living, increased ability to perform job-related activities, or reduced medication. Therefore further acupuncture is not medically necessary.