

Case Number:	CM14-0002386		
Date Assigned:	01/24/2014	Date of Injury:	02/05/2010
Decision Date:	06/09/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/07/2014

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 licensed in Acupuncture and is licensed to practice in New York. 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 applicant is a represented female has filed a claim for an industrial injury to her cervical spine, bilateral shoulders, arms, wrists, and hands; diagnosed as neck pain, right medial and epicondylitis, and bilateral shoulder impingement. The mechanism of injury is related to repetitive sitting at a desk all day, use of computer. Since this incident in 2/5/2010, the applicant underwent care with an orthopedist, physical therapist, and treatment from an acupuncturist. Throughout the years, MRI's and X-rays were obtained, braces were used, topical and oral anti-inflammatory and pain medication applied, hot and cold modalities, ergonomic evaluation, and use of a home tens unit administered. As mentioned just above, she had previous acupuncture treatments and subjectively stated it decreased her pain and increased her functionality, however, no documentation was provided demonstrating this functional improvement objectively.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE FOR THE CERVICAL SPINE (6 SESSIONS): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the records provided for review, the applicant has had prior acupuncture care but no evidence of functional improvement was provided in the records. As noted in MTUS 9792.24.1.d, acupuncture treatments may be extended if functional improvement as defined in section 9792.20f exists and is documented. Therefore, additional acupuncture therapy is not medically necessary.