

Case Number:	CM14-0004926		
Date Assigned:	02/05/2014	Date of Injury:	12/31/2012
Decision Date:	06/20/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/13/2014

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 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 50 year old female who sustained a work related injury on 12/31/2012. Her diagnoses are myalgia/myositis, sprain of the lumbar/shoulder/neck/wrist/ankle, and insomnia. Prior treatment includes extensive physical therapy, injections, chiropractic, acupuncture, oral medications, and extracorporeal shockwave therapy. Per a Pr-2 dated 1/3/2014, the claimant has pain in the neck, mid/upper back, lower back, left arm/shoulder, bilateral knees and ankles/feet. She also has pain and numbness in the bilateral wrists/hands. The claimant states that acupuncture did not help but physical therapy did. She asked for more physical therapy treatment. There are notes from acupuncture visits rendered in 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT ACUPUNCTURE TWELVE (12) SESSIONS TWO (2) TIMES PER WEEK FOR SIX (6) WEEKS FOR THE CERVICAL, LUMBAR, AND BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL 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 an unknown number of acupuncture visits; however the provider failed to document functional improvement associated with the completion of her acupuncture visits. Furthermore, the acupuncturist states that acupuncture did not help. Therefore, further acupuncture is not medically necessary.