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| Case Number: | CM14-0009827 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 02/01/2010 |
| Decision Date: | 06/25/2014 | UR Denial Date: | 12/30/2013 |
| Priority: | Standard | Application Received: | 01/27/2014 |

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:

Claimant is a 65 year old female who sustained a work related injury on 12/30/2013. Per a PR-2 dated 1/21/2014, the claimant has neck and upper pain on the right side. The provider states that the claimant has had improvement in pain relief and functional improvement with the past six treatments. It has allowed her to continue with her physical therapy exercises and have better range of motion in the neck and function around the home. Prior treatment includes physical therapy, oral medication, topical medication and acupuncture. Her diagnoses are pain in the shoulder joint and psychogenic pain. It is unclear how many total sessions of acupuncture have been provided, but there have been at least 12 sessions in 2013. Per a PR-2 dated 6/6/2013, the claimant has finished her acupuncture and it has been helpful to reduce muscle tension and allow her to have less pain. She is able to perform more activities of daily living and is also not taking as much medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 12 VISITS. NECK AND RIGHT SHOULDER.: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNTURE 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 at least 12 sessions of acupuncture; however the provider failed to document significant objective functional improvement associated with the completion of her acupuncture visits. The claimant's objective cervical range of motion is not improved and her medications remain the same. No objective improvements of ADLs are noted. Therefore further acupuncture is not medically necessary.