

Case Number:	CM14-0101925		
Date Assigned:	07/30/2014	Date of Injury:	01/27/2009
Decision Date:	09/17/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/02/2014

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:

Claimant is a 48 year old female who sustained a work related injury on 1/27/2009. Eight prior acupuncture sessions were authorized in 4/2014. Prior treatment has included acupuncture, physical therapy, medications and bracing. Acupuncture notes were submitted on 4/24/14. Per a PR-2 dated 4/29/2014, the claimant has constant neck and shoulder pain. His diagnoses are cervicgia and pain in the shoulder. He has tenderness in the cervical spine, positive spurlings, positive impingement, decreased range of motion and weakness. Per a PR-2 dated 5/22/2014, the claimant has constant pain in the neck and right shoulder and the same objective findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 eight acupuncture visits authorized and attended at least one session. However the provider failed to document any subjective or functional improvement associated with the completion of her acupuncture visits. Therefore further Acupuncture is not medically necessary.