

Case Number:	CM14-0015698		
Date Assigned:	03/03/2014	Date of Injury:	09/05/2011
Decision Date:	06/30/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/07/2014

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 a licensed Doctor of Chiropractic, 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 56 year old female who sustained a work related injury on 9/5/2011. An acupuncture trial of six sessions was authorized on 1/23/2014. There are acupuncture notes for 2/14/2014, 2/17/2014, and 2/21/2014. Per a PR-2 dated 1/16/2014, the claimant has had a flare up of neck, low back and left arm symptoms. Her diagnoses are lateral epicondylitis, radial styloid tenosynovitis, thoracic sprain, lumbar strain, and neck strain. Other prior treatment includes acupuncture, physical therapy, oral medication, and injections. She is permanent and stationary

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT TWELVE (12) ACUPUNCTURE SESSIONS FOR THE LEFT ELBOW /WRIST: 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 an initial trial; however the provider failed to document functional improvement associated with the completion of her acupuncture visits. The acupuncture notes only document that acupuncture has been performed. If this is a request to overturn the denial of an initial trial, twelve sessions exceeds the recommended guidelines for an initial trial. Therefore twelve sessions of acupuncture are not medically necessary.