

Case Number:	CM14-0016534		
Date Assigned:	04/11/2014	Date of Injury:	08/11/2011
Decision Date:	05/29/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/10/2014

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:

The claimant is a 58 year old female who sustained a work related injury on 8/11/2011. Prior treatment includes 4 acupuncture visits, physical therapy, bilateral carpal tunnel surgery, and oral medication. Per a PR-2 dated 3/13/2014, the claimant has pain in the neck and pain is exacerbated with all activities. She also had pain in the left thumb and more pain when she uses her left hand. She also has pain in her right thumb. The patient is working full duty and she feels that she is getting worse. Her diagnoses are tenosynovities of her hands/wrists, muscle spasms, and post carpal tunnel surgery. The claimant is permanent and stationary. 4 acupuncture visits were rendered from 10/31/2014-11/14/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE, 2 TIMES A WEEK FOR 3 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 48.

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" indicates a clinically significant improvement in activities of daily living, a

reduction in work restrictions, reduction of medication, or a reduction of dependency on continued medical treatment. The claimant had an initial trial, but the provider failed to document functional improvement associated with her acupuncture visits. Therefore further visits are not medically necessary in the absence of clinically significant functional improvement.