

Case Number:	CM14-0113474		
Date Assigned:	08/01/2014	Date of Injury:	05/26/2011
Decision Date:	09/10/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/21/2014

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 and 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 patient is a 54-year-old female with a date of injury of 5/26/2011. According to the progress report dated 6/12/2014, the patient complained of bilateral upper extremity pain, which was worse on the right side. The right arm was completely numb. The patient stated that there was burning sensation in the right arm. The patient was unable to sleep for 2 nights. The pain decreases from 8-9/10 to 4-5/10 with medications. The patient was diagnosed with bilateral upper extremity pain status post right ulnar release surgery 5/23/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture times 8 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Treatment Guidelines; Acupuncture.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the medical records, the current prescription for acupuncture would most accurately be evaluated as an initial trial, for which the guidelines recommend 3-6 visits. Acupuncture may be extended if there is documentation of functional improvement. The provider's request for 8 acupuncture visits exceeds the guidelines recommendation; therefore the provider's request is not medically necessary at this time.

