

Case Number:	CM14-0151068		
Date Assigned:	09/19/2014	Date of Injury:	08/10/2011
Decision Date:	10/21/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/16/2014

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 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:

The injured worker is a 50-year-old female who sustained a work related injury on 8/10/2011. Eight visits of acupuncture were certified on 9/10/2014. According to a prior UR review, prior treatment includes physical therapy, injections, medication, and an unknown number of acupuncture treatments. The provider states that there was functional improvement and pain relief and recommended further acupuncture treatment. Per a Pr-2 dated 7/2/14, the claimant complained of pain in the cervical spine, thoracic spine, lumbar spine, bilateral wrist and hand, bilateral ankle and bilateral feet, and bilateral hip pain. There is bilateral shoulder pain radiating to the bilateral hands, with weakness, tingling and numbness. There was positive bilateral drop arm, bilateral empty can test, and bilateral apprehension test. Her diagnoses are carpal tunnel syndrome, calcaneal spur, and shoulder/upper arm/knee/neck sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 to 3 per week for 4 weeks for the shoulder, arm, knee, leg, cervical and lumbar spine, ankle and wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation OGD Shoulder: Acupuncture Guidelines

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration with reported functional benefit and pain relief. As a result, further acupuncture was certified in September 2014. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture visits. Therefore, the request for acupuncture two to three times per week for four weeks for the shoulder, arm, knee, leg, cervical and lumbar spine, ankle and wrist is not medically necessary and appropriate.