

Case Number:	CM14-0172797		
Date Assigned:	10/23/2014	Date of Injury:	02/14/2011
Decision Date:	12/02/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/20/2014

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 licensed 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 44 year old female who sustained a work related injury on 2/14/2011. Six acupuncture visits were authorized on 10/13/14. Her diagnoses are pain in the shoulder, upper arm, soft tissues of limb and sprain/strain of the wrist. Prior treatment includes injections, medications, TENS, physical therapy, and work modifications. Per a Pr-2 dated 10/2/2014, the claimant has right upper extremity pain that has increased since the last visit. The claimant notes numbness of the little finger. Quality of sleep is poor and activity level has remained the same. She is unable to tolerate medications due to side effects. MRI of the right elbow reveals partial tear of lateral ulnar collateral ligament and tendinosis of the common extensor tendon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of acupuncture treatment: 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 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 a prior acupuncture trial authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial. If this is a request for an initial trial, 12 visits exceeds the recommended guidelines for an initial trial.