

Case Number:	CM14-0176612		
Date Assigned:	10/29/2014	Date of Injury:	11/15/2013
Decision Date:	12/05/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/24/2014

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 58 years old female who sustained a work related injury on 11/15/2013. Prior treatment includes physical therapy, medications, and acupuncture. She had at least 12 sessions of acupuncture between 3/18/14-5/20/14. Prior UR review dated 10/7/14 states that she had at least 15 prior acupuncture visits. The reviewer approved 3 more visits of acupuncture to deal with the flareup of her pain on 9/15/14. Per a PR-2 dated 10/13/2014, the claimant is still experiencing pain in her neck and left shoulder area. She still has 3 acupuncture sessions pending. She is on modified duty consisting of no use of the left arm. Her diagnoses are left upper extremity overuse syndrome manifested as cervical and trapezius sprain/strains, left shoulder strain/sprain, left forearm and wrist strains, mild disc bulging at multiple levels of cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3 x 2 to the left upper extremity and cervical spine: 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 prior acupuncture and most recently three acupuncture visits were certified to deal with a flare-up. However, the provider fails to document objective functional improvement associated with the completion of the recently authorized visits. The last report says the claimant has yet to complete the visits. Six further visits are not medically necessary without documentation of functional improvement from those visits or another flare-up that would require acupuncture.