

Case Number:	CM14-0020846		
Date Assigned:	04/30/2014	Date of Injury:	10/03/2012
Decision Date:	07/08/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/19/2014

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 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:

This is a female patient with lower back, right shoulder-wrist-hand pain complains. Diagnoses included status post right shoulder surgery, adhesive capsulitis, and cervical herniated disc. Previous treatments included: surgery, oral medication, chiropractic-physical therapy, acupuncture (18 sessions were performed with subjective reduction of symptoms) and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture 2x4 was made on 01-23-14 by the PTP (Primary Treating Physician. The requested care was denied on 01-31-14 by the UR reviewer. The reviewer rationale was "the guidelines support an acupuncture trial of 3-6 sessions, for extension beyond the trial the guidelines require documented evidence of functional improvement. The patient has completed 18 sessions with no clear evidence of clinically significant functional benefits. Additional acupuncture 2x4 is not recommended for certification".

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2X/4 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Current guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." Although the eighteen prior acupuncture sessions were reported as "reducing pain", no evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) was provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore, the request for additional 8 acupuncture sessions is not supported for medical necessity.