

Case Number:	CM14-0020964		
Date Assigned:	04/30/2014	Date of Injury:	09/10/1998
Decision Date:	07/30/2014	UR Denial Date:	02/13/2014
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 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 claimant is a 66 year old female who sustained a work related injury on 9/10/1998. Her diagnoses is wrist sprain. Per a prior review, the reviewer spoke to the provider and the claimant has had acupuncture 1x/moth for several years to maintain her level of symptoms and function. The claimant has had 16 documented sessions from 11/16/12 to 4/11/14. Per a PR-2 dated 11/15/13 and 1/14/14, the claimant has dull and achy pain in the right wrist and it is constant and severe. The pain radiates to the elbow, forearm, shoulder, and fingers with stiffness, cold, and numbness. Any type of physical activities that stress the upper extremities aggravate the pain. The symptom flares up and causes sleepless with pain. She described acupuncture as beneficial. Objective findings state that the pain has reduced from constant and severe to frequent and moderate and that the range of motion is improved and patient's quality of life is improved but symptoms are not stabilized. The only difference between the two objective findings is that 11/14/2014 states that VAS is 7/10 and 1/14/2014 states that VAS is 6/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 visits after an initial trial are medically necessary based on documented functional improvement. Functional improvement means a clinically significant improvement in activities of daily living or a reduction in work restrictions, medication, or dependency on continued medical treatment. The claimant has had extensive acupuncture treatment; however the provider failed to document functional improvement associated with the completion of her acupuncture visits. Furthermore, the claimant is now needing more acupuncture than in prior years which shows an increased rather than a decreased dependence on treatment. The improvement documented does not vary between the last two PR-2s. The provider contradicts himself in his PR-2 from the subjective section to the objective session by stating that the pain is constant and severe and then notes that the claimant is improved because the pain is frequent and moderate. Therefore further acupuncture is not medically necessary.