

Case Number:	CM14-0023838		
Date Assigned:	06/11/2014	Date of Injury:	10/18/2012
Decision Date:	07/17/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	02/25/2014

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 Care, has a subspecialty 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:

The patient is a 72 year old female with a date of injury of 10/18/2012. According to the chart document dated 2/13/2014, the patient complained of neck, left shoulder, arm, and hand pain. The pain was described as moderate, intermittent, and achy. The patient noted difficulty sleeping. Aggravating factors include lifting. Resting relieves pain. Significant objective findings include no crepitus with palpation, no step off, negative Neer's test, negative Hawkin's test, negative Speed's test, and no pain with horizontal adduction. The patient exhibited full shoulder range of motion in all planes. The patient noted no tenderness in the cervical spinous process, negative Spurling's test bilateral, and mild soft tissue tenderness to palpation in the cervical paraspinal muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE FOR THE CERVICAL SPINE (TWO TIMES PER WEEK FOR SIX WEEKS): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guideline states that acupuncture may be extended if there is documentation of functional improvement as defined in section 9792.20(f). The patient had 16 acupuncture sessions and it was noted to be very effective. The provider noted that the patient had 60% improvement in pain, able to perform her activities of daily living comfortably, 50% improvement in sleep, and was able to be more active including lifting more without pain when the patient was receiving acupuncture twice a week. However, there was no objective documentation of functional improvement in the progress report. The patient's objective findings for the cervical spine remained unchanged in the exam dated 12/19/2013 and 2/13/2014. The patient received acupuncture care within the two examinations.