

Case Number:	CM14-0031273		
Date Assigned:	04/09/2014	Date of Injury:	03/08/2010
Decision Date:	07/30/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/30/2014

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 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:

Claimant is a 47 year old female who sustained a work related injury on 3/8/2010. Prior treatment includes right knee arthroscopy, physical therapy, activity modification, acupuncture, epidural injection to the neck, topical medication, arthroscopic surgery to the right shoulder, and oral medications. Per a report dated 9/25/2013, the claimant had acupuncture and therapy to the left hand, neck, and right knee. Acupuncture helps very little in alleviating symptoms. She then again received acupuncture to the knee. Her diagnoses are cervical spine herniated nucleus pulposus, status post left shoulder surgery, status post right knee surgery. Per a PR-2 dated 1/10/2014, the claimant continues to have pain in her neck, left shoulder, and right knee. Medications reduce her pain level. There is tenderness on palpation around the neck, left shoulder and right knee. McMurray and Neer's tests are positive. The claimant has had six acupuncture sessions from 2/6/2014-3/25/2014. On 3/25/2014, the acupuncturist documented functional objective functional improvement of taking medications three times a day to twice a day. The claimant had three more acupuncture sessions from 4/8/14-5/6/14. However no further notes are found in the submission.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE, 2 TIMES A WEEK FOR 3 WEEKS, FOR THE LEFT SHOULDER AND RIGHT KNEE: 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 nine acupuncture sessions in the past year. Initial functional improvement was shown after six visits. However the provider failed to document functional improvement associated with the completion of her last set of three acupuncture visits rendered after the examination on the sixth visit. Therefore the request for acupuncture is not medically necessary.