

Case Number:	CM14-0033956		
Date Assigned:	06/20/2014	Date of Injury:	08/15/2008
Decision Date:	07/18/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/18/2014

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 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 43 year old female who sustained a work related injury on 8/15/08. Prior treatment includes injections, shoulder surgery, carpal tunnel surgery, physical therapy, cervical spinal injections, acupuncture, and oral medications. Her diagnoses are impingement syndrome, cubital tunnel syndrome, lateral and medial epicondylitis, carpal tunnel syndrome, cervical sprain/strain, cervical radiculopathy, right hand pain, neck pain, right elbow pain, and right shoulder pain. Per a pr-2 dated 2/24/2014, she has a flare up of her shoulder pain. The pain is sharp, constant, and aggravated by reaching, pulling, pushing, and lifting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 prior acupuncture; however the provider failed to document functional

improvement associated with the completion of her acupuncture visits. Without documentation of prior positive functional improvement from prior acupuncture, further acupuncture is not medically necessary.