

Case Number:	CM14-0035370		
Date Assigned:	06/23/2014	Date of Injury:	03/31/2013
Decision Date:	07/24/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/21/2014

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 23 year old female who sustained a work related injury on 3/31/2013. Prior treatment includes physical therapy, work conditioning, acupuncture, oral medication and topical medication. Her diagnoses are cervical spine sprain/strain, left wrist strain, lumbar spine sprain/strain. According to a Pr-2 dated 6/3/2014, the claimant has left wrist pain, neck pain, and low back pain. She states that medications, creams are helpful and chiropractic is mildly helpful. According to a Pr-2 dated 3/11/2014, the claimant states that aquatherapy, wax therapy, acupuncture, and medications are helpful for her symptoms. Acupuncture notes are found for 2/26/14-4/16/14. According to a note dated 4/16/14, the claimant is reported to have improved but slower than expected. She is not working and medication has remained the same. There is reported increased range of motion and strength but no objective measures are found.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC, Treatment , Integrated Treatment/Disability Duration Guidelines, pain (Chronic), Acupuncture.

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 injured worker has had a trial of acupuncture; however the provider failed to document objective functional improvement associated with the completion of the acupuncture visits. Furthermore, the injured worker was concurrently undergoing multiple therapies such as acupuncture, chiropractic, and work hardening and there is no separation of results from the different therapies. In regard to previous acupuncture rendered: no significant, measurable outcomes found through treatment were documented, nor were any increases in ability to perform activities of daily living, increased ability to perform job-related activities, or reduced medication. Therefore, further acupuncture is not medically necessary.