

Case Number:	CM14-0036335		
Date Assigned:	06/25/2014	Date of Injury:	08/07/2012
Decision Date:	07/23/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/25/2014

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 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 44-year-old female who sustained a work related injury on 8/7/2012. Her diagnoses are chronic pain syndrome, carpal tunnel syndrome, lateral epicondylitis, fibromyalgia, and myofascial pain. Per a Pr-2 dated 2/25/2014, the claimant has pain in the hands, wrists, arms, shoulders and elbows. She has burning pain in both hands, numbness in the upper extremities, and difficulty lifting and carrying objects. Prior treatment includes physical therapy, acupuncture, and oral medication. She found acupuncture the most helpful in diminishing some of her symptoms. She had at least six acupuncture sessions from 11/19/12-10/31/12. She has positive Phalen's and dullness to pinprick in the hands and arms. She has mild weakness on the right hand versus the left hand. The provider recommends modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 3; Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, 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 an initial trial of acupuncture in 2012; however, the provider failed to document functional improvement associated with the completion of her acupuncture visits. The provider states that acupuncture was helpful without any objective findings. Therefore, further acupuncture is not indicated at this time. The request is not medically necessary.