

Case Number:	CM14-0058388		
Date Assigned:	07/09/2014	Date of Injury:	06/02/2013
Decision Date:	08/14/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/28/2014

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 and 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 claimant is a 25 year old female who sustained a work related injury on 6/2/13. Per a PR-2 dated 4/1/14, the claimant has constant severe sharp, stabbing, throbbing right wrist pain, numbness, tingling, weakness and cramping. She also has frequent severe sharp, throbbing right knee pain, stiffness, heaviness, tingling, weakness, and cramping. The claimant states that acupuncture is helping her reduce pain. Her diagnoses are lumbar musculoligamentous injury, right wrist sprain/strain, right wrist tenosynovitis, right knee pain, and right knee sprain/strain. She is not working. According to a prior UR review, the claimant has had 5 visits of acupuncture. Other prior therapy includes physical therapy, left wrist surgery, and oral medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2xWk x 6Wks Right Knee and Right Wrist: 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 five prior acupuncture treatments and reported pain reduction. However the provider failed to document functional improvement associated with the completion of her acupuncture visits. Therefore further acupuncture is not medically necessary.