

Case Number:	CM14-0060730		
Date Assigned:	07/09/2014	Date of Injury:	08/30/2011
Decision Date:	08/12/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/01/2014

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 & 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 62-year old female who sustained a work related injury on 8/30/2011. Prior treatment includes physical therapy, acupuncture, ergonomic evaluation, TENS, chiropractic, and oral medication. Her diagnoses are cervical degenerative disc disease, myofascial pain, and carpal tunnel syndrome. She is retired. PR-2 dated 4/14/2014, the claimant complains of pain and is better with acupuncture. There is pain in the left elbow and medications help. There is decreased range of motion in the neck and both wrists.. Per a PR-2 dated 3/13/2014, the claimant has finished acupuncture and reports of a decreased pain and numbness in left forearm and decreased range of motion of both wrists. Per a PR-2 dated 2/13/14, the claimant is taking fewer medications because of acupuncture usage. The claimant has had extensive acupuncture from 2011 to 4/2/14 with at least sixteen visits in 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for wrist Quantity:6.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 extensive acupuncture treatments of unknown total quantity. The provider continually states that the acupuncture is very effective. However the provider failed to document objective functional improvement associated with the completion of her acupuncture visits. Furthermore, range of motion is decreasing while the claimant is undergoing acupuncture. The claimant does not appear to be reducing her dependence on medical treatment and no objective functional improvement has been documented. Therefore further Acupuncture for wrist quantity:6 is not medically necessary.