

Case Number:	CM14-0063178		
Date Assigned:	07/11/2014	Date of Injury:	12/11/2007
Decision Date:	08/21/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/05/2014

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 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:

Claimant is a 61-year-old female who sustained an industrial injury on 12/11/2007. Four acupuncture visits were authorized on 4/28/2014. Prior treatment includes bilateral carpal tunnel release, lumbar medial branch radiofrequency neurotomy, right knee total arthroscopy, right rotator cuff repair, physical therapy, cervical CESI, right knee injection, home exercise program, and oral medication. The claimant is not working. Per a PR-2 dated 7/7/2014, the claimant has neck pain, lower back pain, right shoulder pain, bilateral wrist pain and right knee pain. Pain level has increased since last visit. She also reports weakness in the legs and pain in the right knee. Her diagnoses are cervical disc disorder, shoulder pain, knee pain, lumbar sprain, postconcussive syndrome, bilateral carpal tunnel syndrome, right shoulder cuff repair, right knee chondromalacia, cervical degenerative disc, lumbar disc herniation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment x6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, 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 either a clinically significant improvement in activities of daily living or a reduction in work restrictions. There is no documentation of completion or of functional improvement from the authorized trial of four visits. Therefore further Acupuncture treatment x6 sessions is not medically necessary.