

Case Number:	CM14-0064771		
Date Assigned:	07/11/2014	Date of Injury:	05/27/2004
Decision Date:	08/25/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/07/2014

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 Chiropractics, 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:

The claimant is a 58 year old male who sustained a work related injury on 5/27/2004. Three acupuncture visits were certified on 4/23/2014. Prior treatment has included acupuncture, physical therapy, occupational therapy, bracing, and oral medication. The claimant has six prior sessions of acupuncture in 2012. Per a progress report dated 4/15/2014, the claimant reports increasing pain and swelling over the dorsoradial aspect of the left wrist. His diagnoses are left wrist pain, history of four corner fusion. He is maximally medically improved. Per a PR-2 dated 11/14/2014, the claimant has been receiving acupuncture and feels like this has been beneficial. He typically gets 1-2 treatments per month. Per a report dated 3/21/2013, the claimant reports that acupuncture has been quite beneficial in relieving his wrist pain. He has been going about 1-1.5 times a month over the last few years.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatments, Quantity 18: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines pg. 265.

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 over the years of unknown quantity. It appears that he has had acupuncture approximately 18 visits over the last few years. However the provider failed to document objective functional improvement associated with the completion of his acupuncture visits. In regards to previous acupuncture rendered, there were no significant, measurable outcomes, increased ability to perform activities of daily living, increased ability to perform job-related activities, or reduced medication. Therefore further acupuncture is not medically necessary.