

Case Number:	CM14-0070612		
Date Assigned:	07/14/2014	Date of Injury:	07/02/2010
Decision Date:	08/12/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/15/2014

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 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:

This is a 51 year old female patient with pain complains of left upper extremity. The diagnoses included myofascial pain syndrome, left wrist pain. The previous treatments included, shoulder surgery repair, trigger point injections, oral medication, and work modifications amongst others. As the patient continued symptomatic, a request for 8 sessions of acupuncture was made on 04-08-14 by the primary treating physician (PTP). The reviewer rationale was the records reviewed indicated that the request is for a first round of acupuncture, but in the same section mentions that it lasted more than 6 weeks and the lasts report from the PTP consisted of mostly illegible notes, in addition, 8 sessions of acupuncture exceeds the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight sessions of Acupuncture Treatments with Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the records available for review, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care (trigger point injections, oral medication, work modifications and self care) an

acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS. The current mandated guidelines note that the amount to produce functional improvement is 3 to 6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the request is for eight sessions, which exceeds the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive, therefore not supported for medical necessity by the MTUS. As such, the request is not medically necessary.