

Case Number:	CM14-0072571		
Date Assigned:	07/16/2014	Date of Injury:	07/14/1998
Decision Date:	08/22/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/19/2014

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 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 53 year old female patient with pain complains of bilateral upper extremities. Diagnoses included bilateral upper extremities and paresthesias. Previous treatments included: oral medication, physical therapy, acupuncture x12 (functional benefits, if any, were unreported) and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture times 6 was made on 04-25-14 by the PTP. The requested care was denied on 05-06-14 by the UR reviewer. The reviewer rationale was prior acupuncture was rendered with limited documentation of decreased pain and objective functional improvement noted to support an additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 3 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Current guidelines read extension of acupuncture care could be supported for medical necessity if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the

dependency on continued medical treatment. After twelve prior acupuncture sessions, no documentation of any symptoms reduction or sustained, significant, objective functional improvement (quantifiable response to treatment) obtained was provided to support the reasonableness and necessity of the additional acupuncture requested. Consequently, the additional acupuncture times 6 is not is not medically necessary and appropriate.