

Case Number:	CM14-0081407		
Date Assigned:	07/18/2014	Date of Injury:	08/01/2008
Decision Date:	08/25/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/02/2014

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 Chiropractic 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 51 year old female who sustained an industrial injury on 8/1/2008. Prior treatment includes physical therapy, topical medication, TENS, oral medication, and acupuncture. Six acupuncture visits were certified on 4/3/2014. Per a PR-2 dated 4/24/2014, the claimant states that she just started acupuncture and has completed 3/6 treatments. Her diagnoses are cervical trapezial myofascial syndrome, right elbow medial and lateral epicondylitis, and right index and middle finger flexor tenosynovitis. Per an acupuncture report dated 5/16/2014, the claimant has had decrease of pain and increase range of motion. However SOAP (symptoms, observations, assessments, plan) notes on the same day state that the claimant pain is worse and range of motion is limited upon rotation to the right. She is working her usual and customary duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, Cervical spine x6: Upheld

Claims Administrator guideline: Decision based on MTUS 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 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 six visits of acupuncture. On the last visit, the acupuncturist documents that the claimant had decreased range of motion and increased pain. However on a progress report, the acupuncturist documents that there are improvements in pain and range of motion. Regardless of the inconsistency, the provider failed to document functional improvement associated with the completion of her acupuncture visits. Therefore further acupuncture is not medically.