

Case Number:	CM14-0084847		
Date Assigned:	07/23/2014	Date of Injury:	12/10/2010
Decision Date:	09/29/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/06/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 injured worker is a 50-year-old female who was reportedly injured on December 10, 2010. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated May 12, 2014, indicated that there were ongoing complaints of pain in both upper extremities. There was some amelioration of symptomatology with previous acupuncture. The physical examination was not reported. Diagnostic imaging studies were not presented for review. Previous treatment included medications, physical therapy, and acupuncture. A request was made for additional acupuncture and was not certified in the pre-authorization process on May 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Additional acupuncture visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 13 of 127..

Decision rationale: When noting the parameters for acupuncture as outlined in the California Medical Treatment Utilization Schedule, this can be supported for up to 12 sessions. It is noted

that more than 18 sessions of therapy had been completed. Furthermore, there is no competent, objective and independently confirmable medical evidence presented to suggest there was any functional improvement associated with the previous acupuncture directions. Therefore, when noting the lack of clinical data and with the parameters outlined in the California Medical Treatment Utilization Schedule, the medical necessity for this request was not established.