

Case Number:	CM14-0091759		
Date Assigned:	07/25/2014	Date of Injury:	11/20/2013
Decision Date:	08/28/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/17/2014

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 Chiropractic & 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 Claimant is a 63 year old female who sustained a work related injury on 11/20/2013. Prior treatment includes modified duty, physical therapy, and oral medication. Per a PR-2 dated 5/19/14, the claimant has left knee pain that increases with prolonged standing and stiffness after prolonged sitting. She states she has difficulty standing. Her diagnoses are cervical sprain/strain, lumbar sprain/strain with lower extremity radiculitis, bilateral shoulder pericapsular strain/tendinitis/impingement/acromioclavicular osteoarthritis, bilateral wrist sprain/tendinitis/de Quervain's tenosynovitis and carpal tunnel syndrome, and left knee sprain with patellofemoral arthralgia. She is not working. The claimant had six acupuncture sessions in 2014 dated 4/14, 4/16, 4/21, 4/23, 4/28, 4/30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM guidelines Chapter 4.

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 an initial trial of six visits in April 2014. However the provider failed to document functional improvement associated with the completion of her acupuncture visits. The provider has not addressed acupuncture at all in the most recent report of May 2014 and has requested more visits. Therefore further acupuncture is not medically necessary and appropriate.