

Case Number:	CM13-0034581		
Date Assigned:	12/11/2013	Date of Injury:	05/23/2012
Decision Date:	01/16/2015	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/15/2013

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 Florida. 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 patient is a 52-year-old female who sustained an industrial injury on May 25, 2012. The mechanism of the injury is unknown. The patient was diagnosed with cervical sprain/strain, thoracic sprain/strain and right wrist tendonitis. The documentation provided suggests the patient received acupuncture, chiropractic care, home exercise program and physical therapy. After reviewing the documentation provided, the records fail to demonstrate any clinical evidence of functional improvement with the prior course(s) of acupuncture treatment. The medical necessity for the requested 9 acupuncture sessions has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Three (3) Times a Week for Three (3) Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient has had an unknown amount of acupuncture treatments and the subjective findings, objective findings and functional outcome are unknown. The records provided do not provide clinical support for continued acupuncture care. There is a lack of documentation of functional improvement. As per California MTUS Acupuncture Medical

Treatment Guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to expedite functional recovery. Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20. The California MTUS Acupuncture Guidelines requires clinical evidence of functional improvement for additional care to be considered. The guidelines state that the time to produce significant improvement is 3-6 treatments. It also states that acupuncture may be extended if functional improvement is documented including significant improvement in activities of daily living, reduction of work restriction, and reduction of dependency on continued medical treatment. The current documentation does not provide information that the patient received any benefit from the previous acupuncture sessions. Therefore, the request for 9 acupuncture treatments is not medically necessary.