

Case Number:	CM14-0183526		
Date Assigned:	11/10/2014	Date of Injury:	02/18/2013
Decision Date:	01/26/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/04/2014

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 Acupuncturist 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 39 year old female patient with pain complains of her neck, right shoulder and right elbow. Diagnoses included shoulder impingement, lateral-medial epicondylitis, sprain of the wrists, status post right carpal tunnel release. Previous treatments included: surgery to the right shoulder (x2), surgery to the right elbow, steroid injections, oral medication, Lidoderm patches, physical therapy, acupuncture (unknown number of prior sessions, gains obtained described as not beneficial) and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x8 was made on 11-07-14 by the PTP (primary treating physician). The requested care was denied on 10-20-14 by the UR reviewer. The reviewer rationale was that "in order to justify additional treatments measurable benefit such as a change in work, functional improvement or reductions in medications need to be documented. The patient received acupuncture in the past and it is clearly stated that these were not beneficial, thus additional treatments are not medically necessary."

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) acupuncture sessions for the cervical spine and right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3-6 treatments. The same 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." An unknown number of acupuncture sessions were rendered in the past with no benefits documented. Without any significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture, additional acupuncture will not be supported for medical necessity by the guidelines. In addition, the request is for acupuncture x8, a number that exceeds the guidelines without a medical reasoning to support such a request. Therefore, the request is not supported for medical necessity.